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MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES

At St. Bartholomew's Hospital.

On the Pancreas and Spleen.

On the Pancreas.

PHYSIOLOGY.—The *pancreas* is circumstanced like all the other salivary glands; it is situated in the vicinity of some large vessel, such as the *splenic artery*; it is supplied from the splenic artery with numerous branches. We have every reason to believe that the blood moves with force and celerity through the glands of this structure. These glands are all situated where occasional pressure may be made; and the very agitation of the food to and fro in the stomach might create a pressure alternately on either end of the *pancreas*, and certainly this pressure seems to excite the *secretion* which takes place there. People sleep, perhaps, with their mouths open, and when they awake their mouths are quite dry; but the making only of a few motions of the jaw produces a flow of saliva into the mouth. They are also liable to excitement by any thing that acts as a stimulant on the system. Food sometimes put into the mouth acts as a stimulant, and even the very sight or odour of the food produces a flow of saliva. Now this I say, in order to show you that it is probable the pancreatic liquor is not secreted at all times, but is liable to be poured more copiously into the intestines at the time digestion is taking place than at other times. It is notorious that the bile flows more abundantly at that time than at any other time into the *duodenum*. I have told you what has been remarked respecting it, but I wish you to understand now that there is reason to believe that the pancreatic liquor is discharged at the same time; in short, however, we are very unacquainted with the office of the pancreatic liquor. The *structure* of the gland would lead one to believe that it was a watery liquor, like the saliva; and as far as it has been noted, that opinion has been confirmed by observation: but I am persuaded it must be a very difficult thing to obtain any pancreatic liquor for examination. Sir Astley Cooper could not obtain any, though I am sure he must have taken considerable pains to do it. I say, of the physiology of the liver, we know but little; and I say, I may affirm of the pancreas the same thing. The digested aliment, the *chyme*, is viscid, and it may require some sort of dilution, and this may be a source of watery fluid, a proper diluent for it. That may be the case, or it may not; in short we do not thoroughly understand the use of this gland. That is all I have to say as to its physiology, and I go, in the next place, to speak of its

Morbid Affections.—That glands of this nature are subject to morbid affections must be confessed, but I think they are not so subject to frequent disease as other glands in the body; and for this, it appears to me, there is a good physiological reason accounting for the fact, that is, the facility with which they secrete. What is the great cause of that increased vascular action which builds up the disease in different organs of the body? It is the great flow of blood exciting vascular action; it is the turgescence of vessels which frequently occasions disease; but if those vessels can disburthen themselves easily of secretion, then there is less likelihood of such structures going into disease.

The pancreas is liable to *cancer*. I have seen the pancreas undiseased in the midst of disease; that is, where there has been disease surrounding it in all parts. The pancreas is a gland of much looser texture in some subjects than it is in others; and if a person had met with several pancreas of loose texture, and should afterwards meet with one of a very firm texture, he would say, "O, I am sure this is *scirrhus*;" but I am sure it is not, it is only a firmer pan-

creas than usual. However, the pancreas does sometimes become cancerous, and the scirrhosity which precedes cancer may be easily distinguished. There is always a whitish induration of matter, consisting of a sort of strong membranous bands. Of the structure of cancer I have spoken: Dr. Baillie has described it, and I know not any better description that can be given of it than that which has already been given.

I shall now tell you the history of a cancerous pancreas; and as those histories are not very commonly recorded, I have some satisfaction in doing this, inasmuch as it seems to be elucidating the physiology of the pancreas, and in a degree showing that its *function* is not of very grand importance. There was a medical man in London, a most respectable man, a man of considerable knowledge and judgment in his profession, but especially in the *pharmaceutic* department of medicine; he was, in short, a very old, and very respectable apothecary, known, of course, to all the physicians in this town; and they were at one time very much, I may say, dependant upon such practitioners as I have described, and paid great court to them. I mean to tell you that this man was attended by the best physicians and physiologists in London, but not a soul got at the real nature of his malady; it was not ascertained till he was dead. It was observed that he took aperient medicines out of his own shop at the commencement of his illness. His bowels, therefore, seemed to be in some degree constipated; but that was not wonderful. At the commencement of his illness, he looked ill; I mean, like a person that had some serious disease within him. Well, I never saw any one who was in that state, but where it was betrayed in his physiognomy. This is a common observation; I say to patients, every day, "O, you won't die yet—you don't look as if you were going to take your departure." This is a common observation. We go along the streets, and seeing some poor fellow pass us, we say, "Ah, poor fellow, he has not long to live in this world, I am sure." However, this individual I allude to, looked as if he had some important disease within him; nevertheless he ate his food, and I suppose he kept his bowels regular. When the pancreas began to ulcerate, it produced no effect but that of local pain; he complained of pain in the pit of his stomach, which gradually extended in its dimensions; but what was the cause of that pain, no one could find out. As it advanced, he was constantly stooping forwards; towards the latter part of his life, he lay in bed propped up with pillows, to lessen the pressure that might have been made on the pancreas. He still had an appetite, and his bowels were kept regular. He found that when he eat more than he should have done, that that aggravated his pain; so much so, that he learned to relieve himself by poking his finger down his throat, and pushing forward some of the food through the stomach. The pressure of the food on the pancreas increased the pain. He also found that a *clyster* relieved him, probably by unloading the *colon*, and lessening the pressure that might previously have taken place on the pancreas. Thus he went on, gradually becoming worse and worse till he died, and then his pancreas was found to be in a horrible state of ulceration from end to end.

Stones.—There are sometimes stones formed in the pancreas; they are carbonate of lime. Dr. Baillie has given a drawing of stones in the pancreas. Well, these are the chief diseases in the pancreas that I have ever known of.

The Spleen.

Now I come to the spleen, and to this viscus goes the splenic artery. If you inject this part with wax, you will find it dividing and sub-dividing at acute angles, after the manner of an artery. This you ascertain by corrosion; and when the tubes become so minute that the injection will penetrate no further, there of course it rests.

Ruysch himself has made it a question, whether you can inject the cells of the spleen; but certainly, if you inject the artery going into it, the injection will come back through the vein, or if you throw water into the vein, it will come out of the artery.

Is there any *excretory duct*? O, it has been sought for, but none has been discovered; sought for with all possible diligence, but there is none.

The spleen appears to be like a sponge; and if you inject the splenic vein, even with coarse wax, the wax escapes into some sort of cells, and is modelled by those cells. The vein readily communicates with the cells; the artery communicates with them, but with difficulty. Now late anatomists have been making it out, that those cells are *not* cells, *properly* so speaking, but that they are the commencement of veins in a varicose state. Well now, suppose they are; what difference does it make as to function? None at all; therefore, whichever opinion is true, it is not important. The blood that goes through the splenic arteries, which become very small, and then terminate in veins which may be in a varicose state, or, if you please, in cells communicating with the veins, for I don't think it makes any difference, but the blood readily passes into the venous system. So then, the spleen has been considered as a

sponge, enveloped in a sort of capsule, and eventually covered by *peritoneum*; with this sponge, the arteries have a communication; but the communication is difficult; the veins have also a communication with it, but the communication is easy. It is a viscus which varies in size at different periods in the same animal. It often becomes very large, in ill health. You know it is the *ague cake*, which attacks people living in marshy countries. It becomes very large, sometimes without being diseased, and then subsides again. I say it is a sort of sponge, contained in a capsule; and the capsule of the spleen is thicker and firmer than the capsule of most other parts. It often becomes thickened in the diseased state of the organ; I have seen it greatly thickened, and almost like cartilage.

Absorbents.—There are abundance of absorbents about the spleen, and it's perfectly easy to inject them in animals, but not so much so in the human subject; still Mascagni has shown that there are multitudes of absorbents belonging to the human spleen; and every thing relating to the anatomy of a part, the function of which we are ignorant of, should not be unattended to.

Physiology.—Now for the physiology of spleen; and it was known in ancient times that a man was wounded in the wars, and had his spleen slip out of his belly; it came away, perished, and yet that the man did well. Well, upon the revival of philosophical inquiry, Malpighi took away the spleen of a dog, and he has given a history of the proceeding; according to his account, the dog was rather benefited by the operation than otherwise, for the dog appeared to have more appetite, and to be more salacious than he was before the operation. Now when Malpighi had led the way, why every person who could get a dog, was cutting out the spleen, and publishing the history of the case, Haller has made a general review of the histories of those *unsplenic* dogs, and the summary is just what we would naturally expect it to be, namely, that though some of the dogs did well for a time, that they became ill, pined away, and died. This is just what we would naturally expect, because no one could suppose that the spleen was made in vain and for no purpose. Haller thought that they died, because they had not got a preparation of bile; for in Haller's time it was thought that all the abdominal viscera were but preparatives for the preparation of bile—that they wrought a change in the blood, that filled it for the secretion of bile; and every anatomist has observed that the blood of the splenic vein does not coagulate like the blood of other veins. This is an observation which should be attended to, for we really do not understand the physiology of the spleen. Then Haller, you know, had a theory to support; and therefore, probably he might consider this as a stronger proof than he otherwise would have done. But the opinion that bile could alone be prepared from venous blood, and from the *vena portæ*, which contained blood of a peculiar quality, is now, I consider, to be refuted. Then why should so large an artery go to the spleen, to have the blood simply to pass through it, without preparing any thing, and to return by the splenic vein? Now the only rational explanation that has been given of this is, that if the circulation through the spleen can at any time be impeded, it must throw an abundance of blood into the other branches of the *cæliac artery*, so that there would be a most inordinate quantity of blood poured upon the stomach and the duodenum at the time digestion was taking place. It is supposed that the pressure of the great end of the stomach upon the spleen, must impede the blood through the spleen, and cause it to flow in abundance in those parts where it is most wanted. I say this is the only rational explanation that has been given of it; and also the only solution of the problem of the unsplenic dogs, for if the spleen could be taken out and the wounds healed up without injury, then there would be an inordinate quantity of blood thrown to the stomach and other parts; so that Malpighi's dogs might well have a better appetite and be more salacious, than before they took leave of their spleens. (Laughter.) I say, this is the only rational theory, but still it may not be true for all that; and there is one staggering fact which I hear of, which is, that the spleen seems to be largest when the stomach is full. That's a thing I never examined for myself, and I can tell you no more about it. Dr. Haighton took a great deal of pains with this theory, and examined the blood of the splenic vein; he did not find it different to other blood. But he seems to me to have left off where he should have begun; it was his business to have shown that a solid pressure upon the spongy part, would impede the circulation; and then to have shown that the stomach was adequate to produce that pressure which he did not show.

Morbid Anatomy.—Now I say the spleen may be greatly swollen, and yet not diseased. When diseased, I see nothing in it but tubercles—a sort of interstitial deposit. I have seen abscesses it; and I have seen the capsule of the spleen excessively thickened, and almost cartilaginous. It is right to mention that there are subjects in which you have two or three small spleens, besides the large one, each receiving the branch of an artery, and having a returning

vein. In some cases there are eight or nine small spleens instead of one large one; I have myself seen such an instance, but those are exceedingly rare instances; however, it is not uncommon to meet with one or two small ones besides the large spleen.

Now I have finished all I have to say on this subject.

FOREIGN DEPARTMENT.

ANATOMY.

Anatomical Description of an Anastomosis between the Glosso-pharyngeal, Fifth pair, and the Sympathetic. By M. Louis Jacobson, of Copenhagen.*

The anastomosis, an account of which I am going to lay before this Society,† is remarkable, on account,

1. Of the junction which it effects between two distant nerves; 2. Its nature and situation; 3. Its constancy; being seldom absent, or seldom varying in the human subject; 4. Because it exists in a great number of the mammalia, if not in all. It is principally its constancy and presence in such a large number of animals, that ought to point out its importance in the animal economy.

The nerves which are united by this anastomosis, are the fifth pair, the glosso-pharyngeal, and the great sympathetic. The most careful investigations that have been made on the two principal nerves of this anastomosis, are those by Haller‡ and his celebrated eleves, Meckel,§ sen., Andersch, and Wrisberg.

The parts of these pairs of nerves that are connected with the anastomosis of which I am speaking, are the vidian or pterygoidien, and the superior part of the glosso-pharyngeal. Let us see, for a moment, what anatomists have said and observed on this subject. Vieussens‖ and Valsalva¶ had some knowledge of the cranial branch; but what they knew respecting it, was very incomplete. They regarded it as a branch coming from the portio dura, going to the dura mater; and, lastly, joining the cranial part of the fifth pair. Winslow* is the first who clearly says that the facial nerve (portio dura) communicates with a branch of the fifth pair; but he does not state from which branch of the fifth the filament comes. Haller discovered, in 1728, the true origin and course of the superficial petrous nerve; he first believed that the chorda tympani was given off from it, but soon discovered that it had no connexion with this nerve, and that it did not send any branch to the periosteum of the cavity of the tympanum.

J. F. Meckel, in his excellent treatise on the fifth pair, first showed the course of the vidian nerve, and its union with the facial and the sympathetic. Haller has attributed to Meckel the honour of this discovery. The researches of this illustrious anatomist are sufficiently known, not to need any notice from me; but I may venture to say, that the deference which has been paid to his authority, has caused Meckel's descriptions to be implicitly received, and prevented others from examining for themselves these remarkable nervous branches.

The most accurate researches concerning the glosso-pharyngeal nerve have been made by Andersch, a worthy pupil of Haller. Before him, the superior part of this nerve had not been examined, which, in passing from the trunk by a particular canal, had escaped the researches of anatomists. Andersch showed that this nerve, at its departure from the cranium, formed a ganglion, which he called the petrous ganglion. He said that this nerve gave a filament which went towards the ear, and which might be called the auricular nerve. He did not, however, give any detailed description of it, because the course of this chord was not known. Whilst some anatomists have admitted this branch, but without mentioning it accurately, no person, that I know, has made it an object of discussion, except Wrisberg; but this great anatomist is not exactly of the same opinion as Andersch. They might suppose, said he, that the glosso-pharyngeal nerve, in passing behind the

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* Repertoire d'Anatomie, tom. ii. No. 2.

† La Societé de la Faculte de Med. de Paris.

‡ Haller Element. Physiolog. t. iv. p. 231.

§ Jo. Frid. Meckel de quinto pare nervorum cerebri. Gott. 1748. et Ludwig. Script. Neurol. Mino. tom. i. p. 145.

‖ Neurographia, cap. v. de septimo pare.

¶ *De aure humanâ tractatus.* Nam hâc quidem in cranii cavitatem pergit; et per duram-matrem, nec non per quinti paris nervorum truncum sparsis ramis sese diffundit; illac vero progreditur versus tympanum: ad quod ubi misit surculos alibi descriptos; duos vero a quinta conjugatione ramulos (ut communiter loquuntur) accepit; ad foramen, quod inter styliformem et mammillarem processum hiat, descendit: indeque ita in ramos, ramulos deducitur, uti suo loco ostensum est. Cap. iii. § x. p. 55. Traject. ad Rhenum, 1707.

* Expos. Anat. de la Struct. du corps humain, tom. iii. p. 179. Paris, 1776.

cavity of the tympanum, sends some branches to the auditory nerves, but I do not find anything which can make this supposition of any import. He adds again, in another note,—Beatus, inquit, Anderschius, de ramo ascendente auris internæ, et ganglio petroso, ex hoc nervo glosso-pharyngeo loquitur, fateri autem debeo me quidem tenerrima filamenta albicantia ex canali membranaceo hujus nervi parieti auris internæ adhærentia vidisse, qua verò potius pro fibris duræ matris quam nervorum habenda esse arbitror. Such a criticism, from an anatomist of the reputation of Wrisberg, almost drives away any remembrance of the discovery of Andersch.

Such are the researches of anatomists on the nerves, which have some relation with the anastomosis that I am about to describe. This anastomosis would have been known for a long time past, if the writers on bones had traced, with more care, the different foramina sulci and canals which exist in the cavity of the tympanum, for an impression of this anastomosis is observed on all the parts on which it is situated, and these are exactly the most prominent parts in the cavity which I have just mentioned; but none of these anatomists have spoken of it, none have given any representation of this nerve. We don't even find a trace of it in the works of Valsalva, Morgagni, Bertin, Duverney, Albinus, Cotugno, Scarpa, Blumenbach, Schumacher,* not even in the last work of Soemmering on the organ of hearing, which in so many other points of view is a complete *chef d'œuvre*. The only author who mentions a part of this sulcus, and of a canal for lodging the branches of the anastomosis, is Cassebohm,† but he conceived that this sulcus lodged an artery, and has left us a very imperfect engraving of it.

The other foramina, or canals, which concern our anastomosis, have not been known, or they have been vaguely arranged among the numerous nutritive foramina which are at the exterior of the cavity of the tympanum. This sketch, however rapid, suffices, as I think, to show what anatomists have known concerning the parts of which I now propose to give a description. The first difficulty which I see, is to determine where the nerve begins; neither the angles, nor the direction, can throw any light on this subject. This nerve, which connects the cranial branch with the glosso-pharyngeal nerve, could be as well regarded as coming from the last and going to the first, as directing itself from the one to the other. It seems, notwithstanding the careful researches of M. Chaussier, that the vidian nerve, which is regarded as a branch of the superior maxillary, goes to the sympathetic; that this nerve, I repeat, appears to be a branch composed of a filament coming from the sympathetic and the facial, to go to the sphenoidal ganglion of the superior maxillary nerve. It is for this reason that I think it right to commence the description of the course which this filament takes, by stating, that it comes from the glosso-pharyngeal nerve.

The glosso-pharyngeal nerve leaves the cranium by a particular canal, formed in great part by the petrous bone, and separated from the foramen lacerum basis cranii posticum by a fibro-cartilaginous formation. In examining the part of the bone which contributes to form this canal, we observe above the partition which separates the opening of the carotid canal from the jugular fossa, or to speak more accurately, in the spot where the opening of the aqueductus cochleæ and that of the carotid canal and jugular fossa meet, a small fossa exists, close to which there is a canal that leads to the cavity of the tympanum. We shall call this depression, with Anderach, who was the first that observed it, *receptaculum ganglii petrosi*.* The nerve forms indeed, in this place, a dilatation, or ganglion, which has been discovered and described by Andersch, and which bears the name of *ganglion petrosum Anderschii*.† It is from this ganglion that the branch proceeds which is now about to engage our attention. It comes from the anterior and external part, and after having

* M. Schumacher, Professor to the Academy of Surgery at Copenhagen, has published, in Danish, the first volume of his Anatomy, which contains the osteology. This matter is treated with so much minuteness as to leave nothing to be desired. The osteology embraces a number of observations, and the development of bone in its different stages is treated with great accuracy.

† Cassebohm tract. quatuor anatom. de aure humanâ. Halœ. Magdeburgiæ, 1734.

* This depression, which is very constant, has not been observed by the greater number of anatomists, not even by the most accurate, as Portal and Soemmering; nevertheless it is represented with tolerable accuracy in the plates of Cotugno.—Vide Sandifort. Thesaur. Dissert, tom. i.

† Anatomists are not agreed on the existence of this ganglion. Bichat says, (Anat. Descript. 5, 3, p. 107) Andersch and Huber have described in this place one, and even two ganglia, that I have never found. According to my researches, this ganglion is never wanting in man, or a great number of animals.

described a course of a few lines between the periosteum and the membrane of the jugular vein, it penetrates into the canal just mentioned. Its course is then from within to without, from before to above. The length of the canal that it traverses varies in different subjects; its opening is at the base of the promontory, nevertheless it extends sometimes, and always under the form of a canal, to the middle of this part.* The branch having arrived at the promontory, becomes very easily to be perceived; it slips into a sulcus under the internal membrane of the cavity of the tympanum, and having reached the middle part of the promontory, it divides into three filaments, a superior, an anterior or internal, and an inferior. The two first of these constitute the anastomosis with the fifth pair; the third contributes to it also; but its principal destination is to unite with the sympathetic, and to distribute some few of its filaments to the membrane of the pharynx which surrounds the opening of the Eustacian tube.

We shall now proceed to examine each in detail: the superior filament is generally the strongest; it traverses the promontory, goes towards the internal angle of the foramen ovale, where, having arrived under the eminentia cochlearis, it enters into a canal, passes under the tensor tympani, leaves by an opening which exists in the sulcus, for the cranial branch of the pterygoid nerve; having escaped from this opening, this filament unites with one of the filaments of the cranial nerve, but not with this branch. It is not after a certain course that it is entirely united with it, and they go together to the superior maxillary nerve, or to the sphenopalatine ganglion of Meckel.

The anterior or inferior filament goes forwards and traverses the promontory; having arrived round the cavity of the tympanum, it enters into a particular canal, which exists in the parietes of the canalis caroticus, and when this is wanting, it glides behind the Eustachian tube, traverses in part the fibro-cartilaginous substance, which unites the petrous portion of the temporal to the sphenoid bone, and enters into the pterygoid canal, through which it passes to arrive at the spheno-palatine ganglion of Meckel. The third filament leaves the others as soon as it arrives at the end of the common canal; it goes forwards, but glides along the course of the inferior part of the tympanum; it follows the posterior parietes of the tube up to its opening, where it terminates, by giving several filaments to the back part of the palate. This filament gives a branch of communication to the sympathetic, which enters into the canalis caroticus, to be counted with one of the branches of this nerve. In some subjects, the sympathetic nerve sends evidently a filament, which is distributed on the internal membrane of the cavity of the tympanum. The third filament is the only one of those which constitute the anastomosis that is subject to some variations. I have not been able to discover it in some subjects, although it is frequently observed.

The anastomosis with the sympathetic, the filament to the tympanum, goes then to one of the other filaments; it terminates by sending several branches, which are distributed on the promontory as far as the membrane of the foramen rotundum. This branch is not mentioned by anatomists. The only author who speaks of it is Schmidel; but Haller and Meckel have declared the observation of Schmidel to be false. His remarks on the nerve, which, by the by, are correct, have fallen into oblivion.

Several filaments are to be seen on the promontory and around the depression of the fenestra rotunda, coming evidently from the branch which forms the anastomosis. Some few of them have their angles turned in such a way, that it might be thought they came from the cranial branch. The nervous filaments which compose the anastomosis, are accompanied with small arteries, furnished either by the ascending pharyngeal, or the stilomastoid arteries, or by a small artery which accompanies the superficial petrous branch. Haller and Cassebohm have seen these arteries, but they have not examined their different origin, course, and distribution.

The investigation of this anastomosis is not without its difficulties. To arrive easily at the discovery of its middle part, the membrane which covers the promontory is only to be removed, when the middle part, and the junction with the sympathetic, will easily be found. But to demonstrate clearly its junction with the pterygoidian branch, and the glosso-pharyngeal nerve, much more difficulty will be experienced; zootomy may, perhaps, facilitate the investigation.

We find this anastomosis in a great number of mammalia; I have examined it in several animals,* and having observed it in families quite different from one another, I venture to say, that it exists in nearly all the mammalia; but great care must be taken in these investigations, not to confound this

* I have discovered, very recently, that the canal was often complete as far as the superior parietes of the tympanum.

* Monkeys. Simia sabæa, simia cynomolgos.

anastomosis with the branches of the sympathetic, which run through the canal of the tympanum, just in the same way as this anastomosis.

I shall terminate here the anatomical description of this anastomosis, which in every point of view appears to me to be of great importance. I must, however, confess, that I have not yet been able to explain its functions. One might presume, that the sympathy of the nose with the tongue might be the effect, but this does not explain any thing more than is explained by the fifth pair.

The pain which extends in angina tonsillaris up to the ear, may be easily explained by the continuity of the lining membrane of the pharynx into the eustachian tube, but still better by this anastomosis. The risus sardonicus, the spasmus cynicus, and all the spasmodic movements which show themselves in hydrophobia and tetanus, when the fauces are irritated, may take their origin from this anastomosis, between the glosso-pharyngeal and superior maxillary nerve; but this may be just as easily explained by the distribution of the branches of the fifth pair. The paralysis which the purulent congestions in the cavity of the tympanum sometimes produce, may also depend on an alteration of these nerves.

Being able to offer nothing but conjectures, I ought to abstain from giving any explanation on the functions of these communications between the nerves.

The only remark with which I wish to conclude is, that the nerve may be wounded in a chirurgical operation, viz. in the perforation of the membrane of the tympanum as first proposed, and performed by Sir Astley Cooper. By introducing the instrument too quickly, it may strike against the promontory, and wound the nerve which is there, an accident that would be followed with serious consequences.

The following are the results which this anatomical investigation has furnished:

1. There exists an anastomosis between the glosso-pharyngeal, the superior maxillary, and the great sympathetic.

2. This anastomosis is constant in man, and in a great number of mammalia.

3. This anastomosis presents in its structure and course a great analogy with the chorda tympani.

[M. Breschet's observations on this paper in our next Number.]

Lymphatic Tumours.

The Germans have paid particular attention to a disease which they have designated by the name of cold abscess or lymphatic tumour, no accurate account of which is given in any of our nosological works.

This abscess is also called chronic abscess, lymphatic abscess, and lymphatic tumour. In general, we understand by this name, the formation of an abscess, which is not conditional on inflammation, and is therefore different from the phlegmonous. It arises on every part of the body where cellular membrane exists, particularly on the neck, breast, back, loins, upper and lower extremities. It comes on without heat, change of colour of the skin, pain, and has a broad basis. By the patient's not feeling in the neighbourhood of the tumour any pain, this chronic abscess is particularly distinguished from that arising from congestion.

The tumour increases gradually in breadth; and if the fluctuation at the commencement be indistinct, still, on its elevation towards the surface, it is very distinctly felt. In the substance, as the tumour increases in size, the patient feels a dull pain. After this has come on, a certain degree of warmth follows; the skin becomes of a pale red, begins to get thin, and, at last, bursts. This is the case when the pus is of a good consistence; but when, on the contrary, it is of a thin serous character, yellowish green in colour, stinking, cheesy-like flakes, the matter sinks down, and the bones situated beneath become carious.

The usual seat of this abscess is between the scapulæ, on the chest, back, lumbar region, and the thigh, in the neighbourhood of the trochanter major. Very often, the place from which the lymph comes is removed from the spot where the tumour exists, the lymph sinking down under the integuments. Injury or rupture of the lymphatic vessels is always the cause of the collection of lymph, and the predisposition exists in a debility of the absorbents, from rheumatism, gout, scrofula, rachitis, syphilis, or in a too severe use of mercury; and most frequently the disease occurs in men between twenty-five and forty. The tumour has a very considerable influence on the health. In the first period, this is shown by a diminution of the appetite, weariness, unrefreshing sleep, and great sensibility. The tumour is, in this stage, small, elastic, not discoloured, slightly fluctuating, excites merely a dead feel from expansion and heaviness, and continues for three or four months. In the second stage the swelling becomes more elastic, more fluctuating, yellowish red, and, at the same time, the other symptoms become worse. This stage continues also some months. In the third stage the tumour is painful, the skin inflamed, and the extravasated lymph becomes hard; the neighbouring bones carious, digestion and weakness increase, fever comes on, and the patient acquires a cachectic appearance; the tumour breaks out in seve-

ral parts, and pours out much lymph; colliquative sweat, and diarrhœa finishes the scene.

Johann Adam Schmidt attributes the cause of the weakness of the vital energy, which ends itself in death, not to the wound of the absorbents, but to the loss of the lymph which follows; since the lymph, which can be shown to be albumen, is the most indispensable ingredient in the blood, and, consequently, defect of it renders the blood less fit for its offices; and, in proportion to the loss of the lymph, death or recovery is the result.

Rust, however, is firmly convinced, that quite another pathological change than a mere rupture of the vessels, and, consequently, extravasation of lymph, lies at the bottom of this complaint. He conceives the opinion, viz. that the lymphatic tumours always arise from external force to be false; nay, more, that it is the most rare of all causes; and conceives that the lymphatic tumour is more the symptom of a general affection of the lymphatic system, and most frequently is the consequence of a diseased affection of the neighbouring absorbents; in support of which he cites the fact, that, on the same individual, several lymphatic tumours may exist.

Rust divides the lymphatic tumours into primary and secondary. The first take their origin after external violence: for instance, blow, bruise, tearing, or extension of the parts, through which the absorbents are either immediately injured, or, in this manner, will be afterwards diseased. So that they are no longer fitted for their usual offices, and sooner or later go into that organic change, on which the formation of the lymphatic tumour is conditional.

The last arise as a consequent evil of the preceding diseased change, either of the whole lymphatic system, or of the neighbouring parts. Thus we very frequently find, with hardened axillary glands, tumours on the neck, back, thorax, and, in hardened inguinal glands, swellings on the loins and thigh. And the more relaxed an individual is, the more he is subjected to the ordinary diseases of the lymphatic and glandular systems, and therefore more frequently lymphatic tumours are produced. They therefore exist most frequently in gouty, scrofulous, and ricketty constitutions; after syphilis, tedious affections of the skin, scabies herpes, and other impetiginous eruptions.

Rust assumes six stadia.

1. *The stage of predisposition.*—In this is to be found, without any perceptible local appearances, the whole constitution in a diseased state or condition, bad appetite, cross temper, regret, increased sensibility or indifference; speedy weariness comes on.—These appearances then only take place when the disease arises from a general disposition of the lymphatic system. When, however, the tumour arises from external violence, there is generally present a sense of creeping under the skin in different parts of the body.

2. *The stage of breaking out.*—It shows itself soon after the appearance of the above-mentioned appearances; an elastic and scarcely fluctuating tumour, which at most causes a heavy feel or distention, but throughout is not painful, and the skin retains its natural colour.

3. *The stage of increase.*—Within three to six months the tumour increases under an aggravation of the symptoms to a considerable size, without being painful, or the colour of the skin being changed. If the tumour be emptied at this stage, a pure transparent colourless lymph comes away.

4. *The stage of completion.*—In this stage the tumour often remains at the attained size, without the general health of the patient being affected for several months; but of a sudden all the symptoms threatening danger, and the tumour goes over into the following stadium:

5. *The stage of corruption.*—In this stage the clear-like lymph changes itself into a pus-like matter; it becomes acrid and extremely offensive, partly on account of the foulness of the contents, and partly on account of the increased expansion and distention, the tumour begins to be painful, and to inflame in several parts. In the same way the periosteum and the bones in the neighbourhood are seized, and the bones themselves sometimes destroyed; at this period symptoms of a weakened vital action appear; shiverings, succeeded by heat, occur, total loss of the appetite, great weakness, and a chachectic appearance. The patients may remain in this state a long time before the tumour reaches its last stage.

6. *The stage of breaking.*—Now under increase of the above-mentioned symptoms, the whole tumour goes over into an inflammatory state, becomes more fluctuating, the skin becomes thinner, and at last breaks out. A quantity of offensive pus-like matter will be discharged, and then an uninterrupted discharge of clear lymph supervening; or if the integuments of the skin be already destroyed, and the neighbouring bones are attacked, ichorous lymph.

From the daily loss of this fluid, so highly important for the animal economy, a complete cachectic state comes on, œdematous swelling, collection of water in the different cavities, and a hectic fever, with profuse sweats and diarrhœa.

The described course shows, according to Rust, that the assumption of the discharge of a clear colourless fluid, being a characte-

ristic sign of the lymphatic tumour, is false; since it is only seldom that the patients seek help in that stage where the lymph has really preserved its natural condition.

In order thoroughly to investigate the essence or nature of the lymphatic tumours, Rust examines the exciting causes, and regards the appearances of the tumour. He says, that analogy and experience teach the following:—

a. That lymphatic tumours arise from extravasated lymph.

b. That this exudation must necessarily be preceded by a wound or injury of the lymphatic vessels.

c. That it is not at all necessary that an external cause must precede this injury, but that it arises more frequently from an internal (either general or local) change of the lymphatic vessels, which generally takes its origin from weakness or relaxation of these vessels.

d. That a more direct injury of the lymphatic vessels would have as a consequence, a considerable exudation of this important fluid, as the rupture or division of other homogeneous vessels, as, for instance, of the veins.

e. That rather a diseased state of the vessels must precede this rupture, through which they lose the property of properly absorbing the effused lymph, of contracting, and, as usual, of closing.

f. That this diseased change is capable of being shown by the general state of the lymphatic system, and by hardening in the absorbent glands.

g. That in the first stage of the disease, and whilst merely a local affection, the cure is possible, when, by an externally applied irritant, an adhesive inflammation can be excited in the bottom of the wound; but that this, in the further course of the disease, cannot be effected, and death follows.

From this, Rust traces the existence of the lymphatic tumours to a distension of the lymphatic vessels, and classes it among the angiectasies. Although he has not succeeded by injections to prove the dilatations of the lymphatic vessels, still he thought that, with a lens, and by strong light, more than once to have seen it. Just as varicose and aneurismatic distentions produce exudations and hæmorrhage, which are difficult to stop, in the same way widening of the lymphatic vessels, and rupture, may produce exudation which cannot be absorbed.

The causes of the lymphatic tumours are pressure, blows, bruise, extension of the parts, or a violent inflammation; violent rheumatic and gouty pains, can also have a prejudicial influence on the other vessels.

For further particulars, vide Journal der Chirurgie und Augenheilkunde Von Graefe und Walther. Erster Band. 4s. Heft. p. 584.

Treatment.

Rust gives the following indications, to be observed in the different stages of the tumour:—

1. The general diseased state of the constitution must be improved, by which the predisposing cause of the complaint will be removed. The fulfilment of this indication is the more difficult in proportion to the height the general derangement has attained. As a medicine against the diseased state of the lympathic system, he recommends the sulphate of barytes, the digitalis, mercury, and antimony. Frequently one must be satisfied with keeping up the general strength by a nutritious diet and regimen.

2. The mechanical or other impediment must be endeavoured to be removed, which is opposed to the free discharge and motion of the lymph in its vessels. Under this is meant lacing, trusses, bandages, &c. when they are the cause.

3. The removal of the extravasated lymph must be promoted.

a. By leeches to the tumour.

b. Issues and setons in the neighbourhood, and mercurial purgatives to promote absorption.

c. External applications from ice, cold water and sal ammonia, Goulard's water, with spirits of camphor, liniments, sulphuric æther, in order to give the vessels the necessary tone; gentle pressure; relaxing and warm fomentations, deemed injurious, because they increase the inflammation of the skin, and may promote the breaking out and corruption of the lymph. This treatment can only in the first stadia effect resolution.

4. When the tumour has reached the third stage, or passed to another, the lymph must be discharged, in order to close the burst vessels and the cavity. Before trying the means which most effectually produce this, Rust tries to excite an irritation and inflammation in the part. He says:

It is not in every case that this plan of treatment is applicable, because at an advanced stage of the complaint the vessels are become too much out of their natural state, and then the cauatic is not a judicious remedy in order to excite the desired inflammation, since the only irritating medicines (which, however, in no way destroy the organic structure) can produce a true state of inflammation. Rust anticipates

success from the ferrum candens, applied at such a distance from the tumour, that the beneficial inflammation on the whole surface may be felt, but in no way shall destruction and mortification of the organic parts be caused by it.

But as he (Rust) found that only in the most rare cases an irritant applied to the surface was sufficient, but that it must exert its action immediately on the diseased surface within the cavity, he proposed another plan of treatment. The successful experiments which he made with the injection of hot water into the fistulous canals led him to employ it in lymphatic tumours. He considered this opinion strengthened, when he recollected that water, heated to the boiling point, had no bad influence on the organism, and that after scalds from hot water the surface is quickly destroyed, and therefore an opportunity to complete adhesion being given, the result came up to the utmost of his expectations. The method is to inject the water boiling—twice repeated.

At the inferior part of the tumour a trocar is introduced, the contents are allowed to flow out, and through the canula, boiling water (determined according to the circumference of the tumour) is to be injected, and allowed either to flow out immediately, or if the tumour is very large, and the evacuated lymph already much corrupted, to flow after a few moments. If the tumour again fills, the plan to be repeated (compresses.) If the tumour is not too large, the parietes generally unite after a few days.—*Vide Walther's paper.*

Langenbeck's treatment of the cold Abscesses, which are known under the name of Lymphatic Tumours.

1. If the tumour is in the first stage, and particularly when a mechanical cause is evident, the constitutional predisposition not failing, those medicines are indicated which forward the absorption, although this does not often take place. If absorption followed, I should hold the contentum to be lymph, and in the opposite case for the product of a diseased secretion—artificially excited ulcers, lapis causticus, blisters, &c.

2. When the absortion does not follow, then the evacuation of the contents of the tumour must be determined on. This must not, however, take place before a proper degree of inflammation has been excited. In order to effect this, the ulcer is kept open by the application of pease, or small beans. If this does not then succeed, the artificial ulceration must be made stronger, and immediately on the ulcer a poultice from lapis causticus must be laid, by which the organic parts are very frequently destroyed, and then the tumour breaks. Rust gives the preference to the actual cautery, because a primitive inflammation is excited; and it is desirable, in order to effect an absorbing process, that on the surface an inflammatory, but in no respect an ulcerative process, should arise; then, if the absorption is to be produced, the iron is not to be brought into contact with the skin, but only approximated to it. If the iron is applied to the skin, then it destroys it, and large ulcers arise which extend to a considerable distance.

3. When by the repeated application of the lapis causticus no opening takes place, then a small incision with the lancet is to be made.

4. If in the opened cavity no sanative process begins, if there is a copious ichorous discharge, and if a hectic state comes on; then as quickly as possible it must be attempted to excite in the cavity an inflammatory state. In such a case, no plan is better than that of drawing one, or if the cavity be large, several ligatures through it. They must be drawn together and allowed to act till the copious ichorous discharge has ceased, and on the contrary good pus is secreted; in other words, till the cold abscess has changed into a good phlegmonous one. Then the ligature is removed, and a compression employed.

5. If after the removal of the ligature no attempt at healing should follow, the whole abscess must either be again cut through with a thread, or this may, without any danger, be done with the bistoury, then the hole filled up with some mechanical irritant to promote the formation of granulations.

6. If the tumour should be large and in the last stage, where the contents are of the worst condition, the best plan is not to try the above means of resolution, but to draw one or several ligatures through it at once. Ligature daily tightened.

Traité Theorique et Pratique des Maladies de la Peau. Par P. Rayer, Bailliere, Paris et Londres.

We have looked over this book with a considerable degree of pleasure. The author is familiarly acquainted both with the literature and the subject on which he writes, and, what is very essential in a work on diseases of the skin, there is annexed a number of highly finished plates illustrative of these intractable complaints. We sincerely congratulate the author on the execution of the whole, and recommend it, with the exception of the *gastro-enterite* part, to the attention of those who study this branch of pathology.

De la Paralysie Considerée chez les Aliénés. Par L. F. Calmeil. Bailliere, Paris and London.

We always read with pleasure, monographs written by people whose experience and observations have afforded them ample means of seeing the complaints that they write on, more particularly when we see that the author has the cause of science more at heart than filling his pockets by the credulity of the public, who are apt to imagine him to be profoundedly learned, who has written a book on a popular disease. It would be well if writers on scrofula and indigestion would turn their attention more to diseases which they have seen, than present the public with a parcel of vagaries about dyspepsia and cachectic states of the constitution.

This work is, for the reasons we have stated, one of great worth. There are numerous ingenious pathological speculations on the subject which is treated of, and it reflects great honour on the author, who, though a young man, is far advanced in science.

Traité Medico-Chirurgical de l'Inflammation. Par J. Thomson, traduit de l'Anglais, avec des Notes. Par F. G. Boisseau, *et* A. J. J. Jourdan, 1827. Bailliere, Paris and London. 8vo. pp. 677. 7s.

Our readers will be glad to find that the work which we have announced above, is the celebrated work of Dr. Thomson of Edinburgh, on inflammation, translated into French. The English edition of this work has long been out of print, and it is a matter of regret that a second has never appeared. So great indeed is the difficulty of procuring a copy of this work, that we know fifty shillings were asked for it a few days ago, being more than treble the original price.

We sincerely hope that Dr. Thomson will allow the work to be reprinted in its present state, rather than protract its appearance much longer, in the expectation of being able to make alterations in matter and arrangement, which his present occupations are likely for many a year to put it out of his power to complete.

To those of our professional brethren who are familiar with French, and who do not possess the English copy, the present translation will be a great acquisition. The translation is well executed, and contains some judicious observations by the translators.

EDINBURGH
MEDICAL AND SURGICAL JOURNAL.

April, 1827.

"You look amazingly drowsy; for all the world like the man in the blue night-cap, in one of the surgical wards, who had been eating opium for two months, before whom we used to stand to watch the phases of his morbid reveries as they passed in gloomy succession over his haggard, heart-broken countenance, while sitting for hours together in his bed, with his head immoveably fixed, his eyes dilated into a vacant stare, as if he had but awakened from the repose of the tomb. You remind me of the poor fellow most forcibly; what is the matter, or what have been your fare, alimentary and intellectual, for the last few days?" "Adam Black!" "An odd dish to fare on, truly; but what has that respectable bibliopole to do with your fallen lids, palsied iris, and dejected head, as if your neck was after receiving a squeese in a halter? Had he been a vender of poisons instead of octavos, I might suppose that you had purchased the materials of a suicide at his counter: shall I send for Liston and the stomach pump, for you look frightfully suspicious." "Adam Black!" "No pretences, if you please; prayers would better suit your supernatural aspect at present than jests; for personation could not conjure into your features such a fearful similitude to reality. Speak." "O, Adam Black!" "The poor fellow, its all over with him! he will die without an exhortation or a bolus. I long since thought he would have come under the dominion of Haslam or the coroner; and many there are just now who would have no objection to hear of his installation in a four foot cell, or the legal acupuncture of his heart with a stake in the highway. I will try one expedient more to recall his wandering spirit by touching on his favourite topic, craniology: shall I send for Comb to put your organs to rights, and take your likeness for a frontispiece to the next Phrenological Journal?" "Ha! ha! Comb, Liston, pumps, craniometers; what are you raving about? Adam Black has bewitched me." "How?" "Don't you see? (laying his hand on the Blue Journal,) There, sir, is the wizard's sop, wrapped up in blue, like any other powerful narcotic, and left here last night by one of his counter peripatetics. Running a spatula through its leaves, lord! it exhaled a stupifying odour, as if I had been dissecting a poppy head. At ten pages my face came several times into rude collison with the escritoire; at

twenty, my jaws yawned into an involuntary hiatus; at thirty, the print began to fuzz out into the confused outlines of old German text; and by the time I had nearly reached the last article, the room whirled round me as if I had been the pivot of a peristrephic panorama, and I fell into a reverie, from which your grateful presence has scarcely yet aroused me." "Oh! I perceive then you have been taking Adam's '*black drop*;' have you had pleasant dreams during your literary somnolency—coquetting, I presume, with the Aonian maids?" "Quit your abominable punning and poetry, which are as foreign to scientific discussions as they are to my present feelings. I have had many disagreeable dreams by times; fallen from the heavens to the earth, and thought myself one comminuted fracture all over; and made several descents into hell, after heavy suppers and the like; but these painful excursions were as naught to what I suffered last night. For, just as my eyes closed, I imagined that a little man, dressed in black, with shrivelled features, grisly hair, and a pair of spetacles thrown across his nose, accompanied by a legion of raving writers of every clime and title, approached, and while they buried me beneath a mountain of their lucubrations, made up of the records of the privy, and the excrements of their brains, the little black dwarf was halloing them on to my destruction, and pricking my sides with his critical stiletto. I attempted to remonstrate; but the louder I cried, the more unmercifully did they press me down under their horrible stuff." "An admirable personification of the Blue Journal and its contributors! It must be unusually dull this quarter; is there any thing in the editorial atmosphere to explainsuch a vernal luxuriancy of stupidity?" "Why, have you not heard that Dr. Andrew Duncan, jun. has abdicated in favour of one Dr. Craigh or Craige, or some Scottish euphony of that sort, by whom the '*black drop*,' as you pun it, is in future to be compounded?" "Well, poor Andrew; more's the pity! After scribbling one's self to a skeleton, it is a melancholy thing to be cast aside like an old rusty writing pen, worn to the stump. The end of reviewers, now-a-days, is a subject of sorrowful reflection: there is Anderson, 'heu miserande puer!' already gone; Copland lies quietly inurned in the marble coldness of his own sarcophagus; Roderick, after a few more incursions on the public patience, will add another of the name to the last of the Goths; Surgeon Johnstone is as tympanitic as a kettle drum; and Duncan, too, like an old charger, retires prudently from the field, 'ne pecoet ad extremum et ilia ducat.' And yet, I remember when his journal was more respected than the decalogue by the profession; when correspondents' wishes outran the wheels of the mail-coach that bore it to the village post-office, and authors trembled for its critical responses, as at the thought of the last day. But, 'O quantum mutatus ab illo!' it is enough to make one weep, to think of their sad fate."—"Stop with your mortuary sentimentality; one would think you were deciphering tombstones in a kirkyard. Dead, dying, and buried as they are, one and all of them deserved their tragical end. They left the profession no better than they found it; they pandered to its vilest institutes; they fed for years on its corruptions, and were gasping for death; their last efforts are directed to support a system which has overwhelmed them in its ruin. During their presidency of the press, they exemplified the story of the dog in the manger, neither writing themselves against, nor permitting others to expose, those abuses. If any one attempted to do so, he was dismissed in a notice to correspondents, as too personal for their pages. If a student complained, he found his redress in being informed, that it became him to learn rather than to dictate, or some other editorial common place: in short, to obtain publicity for opinion, it was necessary for a writer to crimp his phraseology into the fashionable mould of these literary milliners—to pin down the plain, honest language of truth, by the alchemy of complaisance and art, lest the draught might be disagreeable to their delicate palates. Men who could act thus, claim neither sorrow, nor your quotations."—"The effects of the night-mare are as perceptible in your mind as in your features, or you would not so wantonly insult the dead. Will you favour me with a 'post obit' of the cadaver from which Duncan's spirit has just departed; for, after your late adventure, I dread to undertake the task?"—"Like many other subjects, it is scarcely worth the dissection, being a mere compilation of pathological common places which have passed through as many hands as a Queen Anne's halfpenny. Dr. Cumier, for instance, imagines that he has included within the pale of ten species, all the diseases to which the female breast is liable; though the morbid are as numerous as the moral affections of that proverbially fickle organ. Another gentleman, Dr. Proudfoot, has strutted so much on the yellow fever without advancing one ineh, that it is enough to give one the black vomit to sit out his parade. You have already had my comments on the intermittent cases of Dr. Pitcairn-and-Toss, the only communication of any value in the Number. Dr. Renton states the important intelligence in a paper on tuberculated ovaria, that the lady complained of the lightness of her lamb-wool stockings. The

yaws are next dished up with a copious garniture of verbiage; but we have neither yaws nor *black* slaves in this country. Dr. Macarthy shines in four pages on the late dysentery in Ireland. By the way, that Ireland is for ever dying of a diarrhœa or a typhus. There must be something wrong with her bowels. Dr. Emmet, with whom I lately conversed in New York on the subject, informs me, that he, at one time, tied up her arm with a green ribbon, and opened a vein with a pike, but he seems not to have carried the depletion to a sufficient extent. One cannot read anything on the affections of the chest, so soon after the death of Laennec, without seeing his immortal spirit hovering round the page—avaunt, therefore, Burrel and Bronchitis. For the rest, consult the originals; my patience is exhausted." "And your candour, to all appearance; for, they cannot be all so bad as your account represents them. I perceive you are afraid to encounter the reviews; for I am told that Duncan has completely upset all you have said about the school and Ballingal's cases—is that true?"—"About as much so as your insinuation; and to show you how little I think of Duncan's trumpery articles, I shall state the particulars; and first, of the one on medical education:—Like other fictions, the story is a crooked one; but you know that there is such a body in Edinburgh as the Town Council, corresponding in most respects to the corporations of other cities, and, like them, made up of pedlars, tinkers, and other respectable tradesmen, amounting in all to thirty-three. By a singular freak of legislation, these operatives are as much the proprietors of the Univeraity, as of their own kettles and calicos. They appoint its professors, regulate its concerns, and manage its treasury as they do their own property. For a long series of years, the Council and their Senatus jogged on together most harmoniously. Pupils from all quarters flocked to the diploma-shop; ninety thousand a-year flowed into the capitol, according to Duncan's calculation; and for this he states, that nothing but notes of lectures and a brace of initials were taken away in return. The tea trade with the Chinese, who take little else for their "barren superfluity," as Johnson called it, than specie, scarcely affords such a profitable instance of political economy. In this state of affairs, however, two circumstances arose which tended to disturb the harmony of the concern. The first was, that the public began to suspect the value of an Edinburgh degree, to look upon it as a counterfeit. The journals hinted at the fraud; pamphlets exposed it in a thousand shapes; and its merits publicly canvassed in the House of Commons. To obviate objections, the Senatus proposed to prolong the term of education, imagining thus that their graduates might be somewhat improved, and that another year's residence would increase the revenue. They accordingly enacted statutes to this effect, but which were to have no retrospective operation. About this time the professor of midwifery, Dr. Hamilton junior, whose tickets had not been previously reckoned among the necessaries of the curriculum, had worked his way so successfully with the Council, that he persuaded them not only to insist on having his tickets inserted in the indispensibles of the new statutes, but that this clause of the code should be made retrospective. To this point the Senatus demurred; the Council persisted, and formally visiting the University, prohibited the principal and professors from making any more doctors, who had not attended a course of midwifery in a University. The Senatus, however, persevered in their resolution, and the Council in consequence undertook a law suit, to decide in which party resided the right of legislating for the College. As a set-off against the suit at law, the Senatus petitioned the King for a commission, as the more speedy and less expensive means of terminating the dispute; so that at present the result of the law-suit, and the report of the commissioners are pending. As soon as the commission was appointed, the newspapers teemed with hints on the existing abuses, and many of the professors of the private schools wrote pamphlets. Amongst the latter, Dr. Thompson took up the pen, but it is said with the intention of having himself elected to a chair in the University. These pamphlets of course teemed with arguments to show the necessity of demanding higher qualifications, both literary and medical, from the candidates for a degree, and form the subject of Duncan's article on medical education, the whole tenor of which is to prove, that the graduates of Edinburgh are the most learned fellows in the world, and that no change in education is at present wanted!"—"I perceive then, that the whole question is one of pounds, shillings, and pence, mixed up with party squabbles, and the speculations of private individuals." "Precisely. The transaction has no more to do with the improvement of medical education, than with the discovery of the north west passage. The subject of education was assumed by the writer merely to keep the humbug College a little longer on its crutches, for the only arguments which he adduces to prove the impropriety of raising the qualifications of candidates for the degree, are of a purely personal nature, the question being, according to him, Whether it is not better that the profession should be illiterate and ignorant, and the professors

and the city wealthy, or the former be qualified and respectable, and the latter be deprived of their present emoluments? for he unwarily admits that a reform would eventually produce this melancholy effect. In short, after selecting his facts from both sides of the case, and judiciously balancing them to answer his purpose, he concludes by throwing ninety thousand a-year into the scales, and dooms an unborn profession to irremediable ignorance."—"The man who could argue a case in that manner, must be defective in intellect or sincerity; but there is no believing one word that passes through the 'ivory gate' of the medical press. Is he equally lucid and impartial in his review of Ballingal's cases?"—"A more perfect specimen of the total disregard of the press for truth than that article, was never penned. The writer of it must have been fully aware, that the author of these cases had been proved, from their internal evidence, ignorant of the first principles of surgery, and guilty of a misrepresentation of facts. Either Dr. Duncan must have known nothing of that science, or he wilfully prostituted his judgement in openly defending what in secret he must have condemned; he may take which horn of the dilemma he pleases. But waving all speculation on his motives or his competency, one thing is at least certain, that he never saw one of those cases on the practice of which he presumes to decide, and that without such knowledge, it is as plain that he was incapable of pronouncing an opinion, as that you and I must take our leave of him and the subject for the present."

Scotus.

Edinburgh, April 14, 1827.

THE FRENCH SCHOOLS.

Paris.—No. VI.

HÔTEL DIEU.

Quid sit pulchrum, quid turpe, quid utile, quid non.
Hor.

The Hôtel Dieu, situated in the little island called the Cité, in the Parvis Notre Dâme, is not only the oldest, but the largest hospital in Paris, and is, to the surgical visitor, the most interesting and instructive. Dupuytren is the head and chief of the establishment; his nod is the law, and poor Breschet and Sanson, the assistant surgeons, scarcely venture to open their mouths in his presence. The hospital visit is said to be made at seven, but Dupuytren seldom arrives before eight, and it is generally near leven before the business of the morning is concluded. In order to obtain a ticket of admission, it is necessary to take a diploma, or certificate of hospital practice, to the amphitheatre, in which the clinical lecture is given on a Sunday or Thursday morning, and then if the Baron be in the humour he will put his name to the card of admission thus inscribed:—

"Hôtel Dieu de Paris.

"M. Barnaby Barnacle, etudiant en medicine (or chirurgien) sera admis dans l'hôpital aux heures du service seulement.

"Vu par l'administrateur, le chirurgien en chef.

"Dupuytren.

"Paris, le 9 Avril, 1827."

The student must then go to the office of the "Agent de Surveillance," to write his address in a book kept for the purpose; the ticket having been "aoussigné" by the said agent is delivered, but if lost will not be renewed. The excuse made for all this ceremony is, that in case of any riotous or disorderly conduct the offending parties may be prevented from again visiting the hospital, and their abode become known to the police; but all this is fudge, it serves to gratify the domineering spirit of the "Chirurgien en chef," and to give him the power of turning a man out of the theatre, as may suit his caprice. An unfortunate Irishman happened to scramble over a bench a few minutes after the clinical lecture had commenced, and spoiled the effect intended to be produced by the winding up of a pleonastic sentence. Dupuytren could not conceal his chagrin, and fixing his eyes upon the affrighted offender, in a stentorian voice demanded his ticket, "*Monsieur, votre carte!*"

By the demolition of the surrounding houses, by the alterations made in the interior of the building, and by the exclusion of certain classes of patients, the wards, although rather crowded, are much better ventilated than formerly; but in avoiding one extreme the reformers have fallen into another, so that even a visitor cannot long remain in the hospital without feeling a disagreeable current of cold air. To this careless mode of ventilation is to be attributed the frequent fatal termination of cases, where, as far as surgery was concerned, art did all that could be desired; and Dupuytren has acknowledged, that the inflammatory affections of the internal organs so common in the hospital may be attributed to this cause. For the last six years every body has been examined, and in every case some internal inflammation has been found, sometimes in two or three organs at the same time. The treatment of such cases, however, still remains exceedingly faulty, and from what we have observed we feel convinced that the majority might have been

saved if more active measures had been employed. Dupuytren, reasoning upon the frequency of these internal inflammations, expresses himself thus, in a note which he addressed to Ratier on the present state of the hospital. "Les delayants," and "les refraichissants, have, in almost all cases, taken the place of tonics; bleedings and leeches have been substituted for stimulants and tonics. Scarcely a pound of bark is given internally in the course of the year, although three thousand patients are annually admitted into the surgical wards."

The cases of fracture in the Hôtel Dieu are almost all treated by *position*. Some, as fracture of the neck of the femur, and of the humerus, in no other way; other cases are aided by appropriate contrivances, but no forcible restraint is made upon the limb. In this there is nothing objectionable; it is the only rational way in which fractures can be treated. In no Parisian Hospital, will so many cases of fracture, and of hernia, be seen as here, which may easily be explained, when the situation of the building is taken into account, being in the very centre of the town, on the banks of the river, where casualties are continually occurring. The delay of the English surgeons in cases of strangulated hernia is strongly reprobated by Dupuytren, and so convinced is he of the evil of delay, that the cases are operated on as soon as the patients are admitted. No doubt the operation is sometimes performed when it might be dispensed with, but probably in the average number of cases it is the safest practice. We have seen the Baron sit down to an operation of this kind, with as much sang froid as he would to his breakfast, and certainly if cold blooded indifference to the feelings of the patient, an iron bound, impenetrable countenance, and unlimited control over the minds of the assistants, are to be regarded as surgical qualifications, then is Dupuytren the very "*ideal*" of surgical excellence. Not that we mean to say that he possesses these attributes to the exclusion of others necessary for the due performance of his duty; he is an excellent anatomist, and the best operator we ever saw. But there is the "suaviter in modo" wanting, that milk of human kindness, which, without abstracting aught from the possessor, comforts the afflicted, and diminishes the severity of his suffering. There is in this singular character, such a mixture of subtlety and severity, of candour and cunning; such a mass of information and intrigue, that he seems to play with ordinary minds, and to awe all around him into timidity and respect. At the bed-side of a child, especially if he should have operated on one for stone, his countenance is as gentle as a Madonna's, and his voice as smooth as Boniface's ale; "Ah, mon petit, mon bon enfant, comment va-t-il?" Disarming the little one from all suspicion, and thus at once accomplishing all that was desired. The next step brings him to the bed of another, and as if a sudden eclipse had shrouded every feeling of humanity, he assumes again that habitual despotism in which he appears to revel with delight. We have often contemplated this strange compound of the courtier and the cynic with that species of speculation with which one who is aware of the character he is approaching regards the overt actions of a man who "can suit his face to all occasions."

The mortality is at present very much less than it was formerly; we have the best authority for stating that it does not exceed 1 in 15, or from that to 1 in 20. The stone operations succed in five sixths of the cases. The hernia operations in three fifths; and cataract cases, depression being the mode usually preferred, the operation being performed whilst the patient is in bed, succeeds in the proportion of 7 to 8.

LONDON PHRENOLOGICAL SOCIETY.

March 1, 1827.

JOSEPH HAYES, Esq., Treasurer, in the Chair.

THE following gentlemen were elected ordinary members:—Edward Oke Spooner, Surgeon; John Underhill; John Bell Sedgwick; Edmund Clark, Special Pleader: Joseph Deare, Sculptor.

The correspondence between Dr. Elliotson and Mr. A. Robertson, Surgeon, of Chatham, noticed in the preceding report, was read; also the resolutions adopted in consequence of this correspondence at a meeting of the Rochester Literary Club, held on Thursday, Feb. 15th, on a motion of the Rev. Dr. Joynes; these were as follow:—

1st. That the character given of Lowe by Dr. Elliotson, from the inspection of the skull, corresponds so exactly with his history, that it is impossible to consider the coincidence as the effect of chance, but that it is an instance, which, if supported by many others, affords a strong foundation for the truth of Phrenology.

2d. That a copy of the above resolution be forwarded to Dr. Elliotson, with the thanks of the Club for his communication, and that Mr. Robertson be requested to transmit the same.

Signed HENRY PRENTIS, Sec.

A skull found in the salt-petre caves of Kentucky, N. America, was exhibited; it was in excellent preservation, and from the circumstances attending its discovery is supposed to be of high antiquity. Permission was given to the Society to take a cast from the skull,

March 15, 1827.

C. A. Tulk, Esq. F.R.S. President, in the Chair.

The following gentlemen were elected ordinary members:—Mr. Laurence Healey, Surgeon; Mr. James Paty, Surgeon.

Dr. Elliotson, at the request of several members, read a paper on the faculty of Imitation, which he had formerly read in the infancy of the Society, when few of the present members had joined it. He began by stating, that few, whether phrenologists or not, would doubt the existence of such a propensity;—that we speak a particular language, eat and drink, adopt various pursuits, and amuse ourselves exactly in the manner that others do in the place where we chance to be born or to reside: that though, on the one hand, many things may be imitated from other motives than the mere propensity to imitate, and national character depends much on national organisation; and that, on the other hand, peculiarity of constitution will so modify character and manner as to cause eccentricity: yet that the propensity to imitate is constantly and silently in play, and compels the most eccentric to fall very much, though he little suspect it, into the ways of his neighbours: and that it explains much that is national, and much of the uniformity of sect, society, and family. He then proceeded to show the importance of the propensity; in the first place, by viewing the inconveniences which would result from every one doing every thing, whether relative to business, or amusement, or common intercourse, in a manner peculiar to himself, without falling spontaneously into the ways of those around him; and, secondly, by considering that if children before they know the reason and object of things did not acquire knowledge and habits by imitation, they would long remain almost stationary. The Doctor observed, that besides this grand object of imitation, the faculty is subservient to pleasure, to the arts of painting, sculpture, poetry, music and the drama, and to mimicry; co-operating with the faculties of tune, colour, form, size, and various sentiments in the case of the arts; and with chiefly wit, language and individuality, together with the sentiments in the case of mimicry. He here remarked that Gall discovered the faculty and its organ, as he had done others, by observing its existence in extraordinary persons with extraordinary development of a particular part of the head in a great mimic. The second object of the author was to prove its existence in brutes, to illustrate which he noticed many well known facts. In the third place, he stated that, like every other fundamental faculty, its natural activity might be almost morbid, and it might be very active when other faculties were deficient: he quoted from Pinel a case of an idiot who imitated every body, and mentioned another that was a few years ago in Clapham workhouse. He quoted also two instances of its morbid activity in persons not deficient in other faculties; one from Cabanis, and the other from the Philosophical Transactions for 1677. These persons wiped their faces, bowed, held out their heads, exactly as another did in their company; and the one, if restrained by force, suffered insupportable agony, and endeavoured to get free, that he might yield to the propensity, respecting which the only answer he made was, "that it vexed his heart and his brain." Fourthly, Dr. E. showed that the degree of the faculty was national, and instanced the Ashantees, as described by Mr. Bowditch. Lastly, he gave some curious examples of its becoming excessive by disease, and showed that if a faculty is fundamental, it may not only be constitutionally strong, or weak, without a corresponding condition of other faculties, but may also, independently of them, be morbidly active or quiescent; in relation to this subject, he alluded to a disease described by Capt. Cochrane, in his Pedestrian Journey through Russia and Siberia, called Imerachism, in which persons in spite of themselves imitate the actions of others: this affection prevails in the Kolyma and more northern countries. The author concluded by observing, that since the paper was first read, Alibert, though no phrenologist, had taken precisely the same views of the importance of the propensity to imitation, in his eloquent and elegant "Physiologie des Passions," and adduces similar illustrations, though much that he refers to it is referrible to other faculties.

This paper was followed by a discussion, in which the President, Dr. Wright, and Dr. Moore, took part.

ANNIVERSARY GENERAL MEETING.

March 31st, 1827.

C. A. Tulk, Esq. F.R.S. President, in the Chair.

The members present proceeded to ballot for the officers and other members of the council for the ensuing year.

The society consists at present of 134 members, among whom are 18 physicians and 32 surgeons.

The ordinary meetings of the society will in future be held on the *second* and *fourth* Friday of each month.

THE LANCET.

London, Saturday, April 21, 1827.

SPURZHEIM, KNIGHT, *and* MORISON *on* INSANITY.

(*Continued from page* 58.)

AFTER all the improvements which have been made, in pathology and practice, it must be confessed that medicine is in our day almost the same uncertain science that it was two thousand years ago. It is far from being ripe for a final arrangement; and if this be true of the science generally, how much more must it be of that part of it which relates to the spurious manifestations of the mind? Surgery is certain; it is the base of a mighty pyramid, whose summit, visionary at present, will be reached only when the subtile intellect, the mind of man, shall be capable of understanding itself, and of explaining the manner in which it is elaborated, how it alters and grows, and corresponds with the alterations which are daily occurring in the brain. Perhaps this astounding apex can never be gained; but approaches may be made to it. Every new fact discovered is a brick added to the structure, and every man who contributes this little, is, for his part, a sharer in the architecture of the whole. Where now are the founders of systems? Where the disputants of the schools—the hatchers of theories? Forgotten or despised! While the men who have now and then stumbled on a fact are held in grateful remembrance. The present day is not very rife of theories for great things, though it seems prolific enough of endeavours for small ones.—The dying embers of theory will hardly go down to the next. We dare affirm that there is no *theory*, properly so called, extant, which is at all valued by the discerning part of the profession, or *completely* credited even by its parent and strenuous promulgator. A man always knows the weak points of his argument, unless he be a fool, better than those who are to reply to him; yet with this fore-knowledge, it is passing strange that so many should be found so desirous of an ephemeral reputation, that they will hazard the most foolish ideas possible, though they should be at no uncertainty with regard to the ultimate decision, if oblivescence can be called decision of sensible men, respecting them. Poets, advocates, and priests, according to Dr. Spurzheim, are often insane; theorists, mayhap, very generally; geometers seldom; so that the men whose actions most semble insanity, are precisely the persons who become insane—the transition seems to be easy. "Sometimes," says Dr. Rush, "we observe in mad people an unexpected resuscitation of knowledge; hence we hear them describe past events, and speak in ancient or modern languages, or repeat long and interesting passages from books, none of which, we are sure, they were capable of recollecting in the natural and healthy state of their minds."

Willis cured a madman, who expected with impatience the accession of the paroxysms, which brought him a high degree of pleasure. Every thing then was easy to him; no obstacles presented themselves either in theory or practice. His memory all at once acquired a singular degree of perfection; long passages of Latin authors occurred to his mind. In his lucid intervals, he had great difficulty in finding rythmical terminations, but on these occasions he could write verses as easily as prose. Moreover, wine assists the poets, and wine, as we well know, makes people mad. Madness is often endemial and epidemic. The external world has more concern with it than people imagine. Insanity was very common during the commonwealth; cant and impiety and murder, were the orders of the day. Cromwell, at least, was mad: his chaplain, Godwin, told him, that the elect would never be

damned; then "I am sure," says he, "that I am safe; for I was once in a state of grace." On his death bed, "I tell you," cried he to his physicians, who had warned him of his end, "that I shall not die of this distemper; I am well assured of my recovery; favourable answers have been returned from heaven, not only to *my own* supplications, but likewise to those of the godly, who have a more close correspondence with God than I." Other parts of his life may be quoted in proof of the delusion; nor was he solitary in his madness. When Colonel White went with an armed band to dissolve the parliament of the times, he found one Moyer in the chair, who being asked what they did there, replied that they were seeking the Lord; "Then you may go elsewhere," cried White, who was clear of the delusion, "for, to my certain knowledge, the Lord has not been here these many years." It is clear, therefore, that a species of theo-mania was very common at that period.* Plagues and influenzas were also common. Is it too much to suppose that the atmospherical causes which produced the one, had some share in producing the other? We well know, that some conditions of the body change with the weather; why not the brain? On the day Cromwell died (Sept. 3, 1658,) there was a violent storm, which the influence of the sun and moon had some share in raising; and it is certain that madmen are worse, and that other effects are produced on animals at the quadratures of the moon. The idea of this influence will, we dare say, be laughed at; but beyond all doubt, considerable changes are produced in animal bodies, about the period of the autumnal and vernal equinoxes. The weather has much concern with diseases, and the sun and moon most assuredly have much effect on the weather; they must, therefore, be allowed to have a particular influence on animals, indirectly, at the least.

But there is little doubt of the moon's direct influence on living and dead animal matter. It is an incontrovertible fact, that its beams accelerate the putrefaction of flesh and fish. Fishermen and sailors can attest this fact, and it corresponds with the assertion of Pliny, (Hist. Nat. lib. ii. 101,) "Id manifestum esse, quod ferarum occisa corpora in tabem viso suo resolvat." It softens sound fish in a few hours, and fishermen are careful in covering from its rays what fish they have caught. We do not think the Newtonian hypothesis, respecting the influence of the moon on the tides, well grounded; but there cannot be the least doubt that the moon has a particular influfluence on water: the fact noticed by Noah Webster, and well known to millers, that the water-wheel of a mill, (the altitude of the water and the resistance being precisely the same,) makes more revolutions in a minute during a bright night, than in the day time. But there can be no rational doubt of the moon's influence on periodical diseases, though whether through the medium of changes produced in the air, or directly, we are uncertain. Many eruptions of the skin show themselves in the spring and autumn. Nay, the Pythagorean number seven is not quite so fanciful in relation to these effects of the quadratures of the moon, as some people suppose. But we dismiss this part of the subject, by referring the curious in these matters to Mead's work, "De Imperio Solis et Lunæ," in which a vast number of facts are recorded, and by quoting the following observations from Dr. Spurz-

* Notwithstanding the delusion so common in that day, these people were shrewd and politic, and conducted the affairs of the nation with an energy unknown before. It is evident, therefore, that the manifestations of one or more faculties of the mind may be deranged or destroyed, without affecting the others; and hence it is perfectly unreasonable that a man should be deprived of his liberty and his rights, because he may happen to hold opinions upon a subject or two discrepant with those of his neighbours, unless his false perception of things be likely to lead to violence or crime.

heim. We should state, however, that Dr. Knight allows the influence of the moon on the insane, but attributes the effect solely to the light which it gives, supposing the same to be produced by light from the sun or other sources.

"Dr. Gall first made the observation," says Spurzheim, "that at certain periods more women menstruate than at others, and that in a lunar month there are two such periods. This periodicity with respect to menstruation must be understood as follows:—There are many females who have their menses within eight days; they, independently of bodily size and temperament, form a class, and without a violent cause, such as strong affections, they belong always together, with this difference only, that several overcome that inconveniency in a greater or smaller number of days; but within eight days all individuals of that class menstruate. There is another class of females, who also, independently of bodily size or temperament, have their menses at another period, with the same modifications as those of the former. Both periods happen within a lunary month. It must, however, be observed, that the season and weather have an influence on the periods; in the spring and in hot weather they commonly anticipate, and their effect is greater. At other times they postpone, but always the whole class anticipate or postpone; which indicates, that the cause is general. In a small number of females, menstruation is sporadic. Extremely weak and delicate women feel the influence of both periods; for that reason some females are unwell every fortnight. Many women think that it is always the case at the same date of the month, but they are mistaken, and were not attentive enough.

"This observation is very curious, and may become useful in many practical cases. It is, for instance, a fact, that pregnant women are delivered at the tenth period of menstruation. Accoucheurs may now explain why, during a few days sometimes they cannot do and run enough, and then for eight days they are not called for. If an accoucheur be acquainted with females who menstruate together, and any one is with child, he can know before, when she will be delivered. He knows it by the other women of her class who are not pregnant. It is known, that women are often mistaken in their calculation, the reason is, because the conception can take place immediately before or after the time of menstruation, and the delivery always happens at the tenth period. If, for instance, an accoucheur be called at the term of five or eight days after the others of her class were regulated, he can be sure that there will be no delivery, till the next period of the class.

"If he be attentive, he will find, that he can often be free of unnecessary anxiety. On the other hand, if during pregnancy some *commina* of parturition happen, and he knows that in the period of menstruation, which he may learn from the others, abortus easily occurs, he takes greater care. If a pregnant woman be subject to haemoptosis, at such a period it is less dangerous as to its consequences.

"These periods, when women menstruate, have an influence on the whole of mankind, on the state of health and disease; they affect men and women at the same time over Europe. Almost every one feels from time to time, during a few days, a greater irritability; he is easily displeased with any impressions of the senses; his mind is not disposed to any application, and is easily fatigued; his thoughts are not consecutive; he may be offended by things which, at other times, would be indifferent; he is morose, and more inclined to quarrel or to dispute; his appetite is lessened, and all his excretions are more copious. This state comes and goes away without our being able to account for it.

"These periods are extremely important in medicine; all chronical diseases have at these times exacerbations; those who suffer by piles are more tormented; many morbific causes, which are permanent, produce greater derangement. They have also their influence on nervous complaints, and all sorts of periodical fits, on visionaries, and on all madmen. They explain why suicide is more frequent at one time than at another; why sometimes their melancholy seems to be cured, but returns; why such individuals, being saved or prevented from destroying themselves, after a few days are glad to be alive: why, yet a short time after, they make new attempts to finish their existence; and why they repeat them three, four, five, and more times, till at last they succeed.—The cause of this general influence is unknown."

After making a few prefatory observations, Dr. Spurzheim ushers in the subject of insanity, by showing that the disorders of the five senses, and those which are allowed on all hands to depend upon disease, or altered condition of the brain, such as apoplexy, hydrocephalus, and others, are treated according to the general principles of pathology; and that, consequently, there can be no reason why the diseases of animal life, which are commonly termed mental derangements, should

not be treated upon the same principles. "I think," he says, "that, as in the disorders of any other organic part, we always consider at the same time its deranged functions; and, in observing the deranged functions, we think of its disturbed organisation; our proceeding, in regard to the brain, ought to be the same. Those who speak of diseases of the mind alone, may speak with the same reason of diseases of the mere vital principle in liver complaints, or in disturbed digestion, or in its idiosyncracies. Such physicians may confine their plan of cure to a moral treatment of the archæus, in cases where a person cannot digest mutton or cauliflower." This is perfectly good reason, but it is running phrenology rather hard. If phrenology only teach us to exercise the opposite rather than the diseased organ, it does nothing, since that indication has been followed up for ages. Of what use is it to know, that a man's veneration or destructiveness is deranged, that a particular part of the brain or cerebellum is in a ticklish state, unless some indication of the mode of setting it right be added to the knowledge gained, or supposed to be gained? Brooding eternally on a particular subject, religion, for example, does certainly induce, in some, changes in the brain, and insanity; but what purpose does it serve, to tell us that a certain part of the brain is more afflicted than another? when we know, by the result, that a particular feeling is morbid, or drawn beyond its tether; unless we can alleviate the wrong, by means absolutely arising from this knowledge, and not derived from experience and the nature of things. No man would keep the ends of a fractured bone in a perpetual jostle, for the purpose of uniting them; and by the same good old rule, no one would irritate wounded feelings with the expectation of soothing them. But however problematical the existence of a great number of organs may be, there can be little doubt of their plurality. The doctrine which has been so much ramified and extended by Gall and Spurzheim is of very considerable antiquity, and has been sanctioned by some of the most celebrated modern anatomists and philosophers, among whom may be reckoned Tiedemann, Wrisberg, Soemmering, and many others. It is certainly capable of explaining many phenomena of mind, which have hitherto eluded the investigations of physicians, and being the physiology of the brain, it cannot be uninteresting to medical practitioners, especially to those who undertake the treatment of insanity, which, atleast, it will teach us to understand and explain. Anything which exchanges the devious intricacies of the metaphysicians, for something like an open and lucid path, is vantage gained. But what does phrenology teach us of the treatment of the insane? The fact, that only ten pages of Dr. Spurzheim's work are devoted to the "treatment of the feelings," and "the treatment of the intellectual faculties," is the best answer to the question. He thinks with Dr. Cox, and every one else, that "no means are to be despised which are capable of changing the train of thoughts, interesting the affections, removing or diminishing painful sensations; indications, it must be confessed, sufficiently general. As far as we can see, there is not a single plan of treatment derived from phrenology in the book; which, nevertheless, is a very complete and excellent treatise on insanity. We shall, therefore, endeavour to enumerate its contents, which we assure the reader are well worth his perusal and consideration, as indeed are all the works of this author. It treats briefly, in the first place, of the disorders of voluntary motion, (spasm, epilepsy, &c.;) 2dly, of diseases of the five senses; 3dly, of diseases of the brain, (apoplexy, &c.;) and, lastly, in great detail of the causes, symptoms, forms, prognosis treatment, &c. of insanity. Here the author speaks particularly of the architectural requisites of a hospital for the insane, of the internal management, such a reception and

classification of the patients, regulation of temperature, cleanliness, diet, coercion, treatment of the feelings, and intellectual faculties; occupations of the patients, inspection, and the difference between private and public establishments; and, finally, of the medical treatment of lunatics. Dr. Spurzheim defines insanity to be "an aberration of any sensation or intellectual power from the healthy state, without being able to distinguish the diseased state; and the aberration of any feeling, from the state of health, without being able to distinguish it, or without the influence of the will on the actions of the feeling." In other words, "*the incapacity of distinguishing the diseased functions of the mind, and the irresistability of our actions, constitute insanity.*"

In the section on symptoms, he has enumerated examples of almost every primitive faculty which the mind possesses. Disturbances of the functions are, however, modified in different individuals, and at different times in the same individual; their combined appearances are infinite, one symptom producing another, all which phenomena are "explained only by the plurality of independant faculties and respective organs, and their mutual influence."

The only practical division of insanity, according to this author, is, "that which is founded on the causes" which are corporeal, and depend upon certain conditions of the brain, or its parts, whether cognate or acquired. In this section he has gone a good deal into detail, because upon a knowledge of the cause of the disease is founded the most rational plan of treatment. He has divided the causes of insanity into proximate and remote, and located the former in the brain; the latter may be any where. In examining the nature of the causes, he has considered them as idiopathic and sympathic, describing each. A few remarks on sex and temperament as predisposing to insanity, and on the frequency of insanity in England, conclude the section. The forms which insanity assumes are next considered. The disease, it is stated, does not depend upon the form, but on the peculiar states of the organisation on which the manifestations of the mind depend. The various modifications of melancholy, especially that which inclines the patient to commit suicide, with a few remarks on the periodical fits and exacerbations of insanity, conclude this section. The next is devoted to the prognosis, which is founded on the predisposition, constitution, habits, age, and sex of the patient; especially on the cause, kind, and duration of the affection; of its disposition to relapse, &c. The sections on treatment succeed, and close the volume.

Our German neighbours are remarkable for their literary industry, and in the present instance Dr. Spurzheim has brought together the opinions of the most celebrated writers on insanity. His work is, besides, highly curious and interesting; and the arrangement of mental diseases which he has proposed, throws into the shade the fanciful distinctions of the nosologists. The volume contains a summary of what is at present known respecting insanity. We can, therefore, very confidently recommend it to the notice of our readers. Phrenology has furnished the theory and argument; reason and experience the practice.

Laws of Physiology, translated from the Italian of Il Signore Dott. Mojon. By GEORGE R. SKENE, Member of the Royal College of Surgeons, &c. &c. 8vo. p. 128. London, 1827.

On a superficial glance at this book, we were led to expect the announciation of some new and interesting physiological facts, more especially since we have been recently furnished with several elementary works on the same subject. A translator's, at the best, is but an unthankful office, and there can be no greater proof of a man's in-

discretion, than to throw away his time in elaborating that which, when produced, is not worth retaining. We find nothing in the "Laws" of "Il Signore Dottore Mojon," but the mere repetition of physiological truisms, huddled together in an obscure attempt at arrangement, containing no single fact not to be found in the more finished works of Blumenbach, Magendie, Richerand, and Rudolphi.

The translation itself is miserably executed; the style approaching nearer to that of M. La Beaume, the medical galvanist, than of any other "great living writer" with which we are acquainted. There is a modest *introduction* of *seventy-two* pages, to not quite seventy more, in which the long and learned names of Swammerdam, Malpighi, Morgagni, Mascagni, and Boerhaave, chime in pleasing variety, until one would imagine that Mr. Skene was as familiar with their folios as with his alphabet. Would Milligan, or any other English scholar, write "*Monsieur le Docteur* Magendie," or did the translator of Rudolphi's Elements of Physiology call him "*Der Herr Dr. Professor*?" Yet they might have done so with as much good taste as Mr. Skene has prefixed the "*Il Signore Dottore*" to the name of Mojon.

More, the translation abounds with grammatical errors, too gross and too frequent to be the result of accident. Syntactical concord is outraged in the very first "law;" and to enumerate all the other examples, would be wearisome to us and to our readers. In short, we are reluctantly compelled to come to quite another conclusion than that arrived at by the translator; and hold, that the book is anything but "fit to adorn the shelves of a British library." We have, therefore, placed it upon our "index expurgatorius."

As the Surgeons' Petition cannot be presented until after the Parliamentary recess, it will remain for Signatures at the Freemasons' Tavern during the ensuing fortnight.

Mr. Joshua Brookes will deliver a Lecture on the Anatomy of the Ostrich, at the house of the Zoological Society, in Bruton-street, on Wednesday next, the 25th inst. at three o'clock. The discourse will be illustrated by preparations of several of the internal parts of the specimens lately presented to the Society by His Majesty.

Our attention has been directed to a Society called "The Medical Provident Institution of Scotland," lately organised in Edinburgh, for the purpose of assuring

"1. Sums payable during professional incapacity, in the middle ages of life, succeeded by permanent annuities, to commence in old age.

"2. Deferred annuities, or annuities in old age, unconnected with any benefit during professional incapacity.

"3. Sums payable at death, as in ordinary cases of life assurance; but with this important difference, that members will have the option, at certain ages, of converting the value of their policies into annuities, for themselves, or for their widows or other nominees. By this arrangement, the assured may not only be relieved from all future demands, but render the full value of their past contributions available during their own lives, and without the necessity of any new agreement with the institution.

"4. Annuities to widows, or others, unconnected with life assurance.

"5. Endowments for children, in the form of a tontine. The sums deposited for children of the same age,—every age forming a separate class,—will be accumulated at compound interest, and divided among the survivors of that class. The interest of the accumulated fund of each class may be applied at certain ages towards the expenses of their education; and the principal itself will be divided among them when they attain the age of 21.

"The Institution will accept of small sums, from time to time, in addition to the yearly or half yearly contributions, and improve them at compound interest; and when these amount to the value of the benefit assured, according to the age of the member at the time, all his payments to the Institution will cease."

Thus the scheme is founded: 1st, on the principle of the friendly societies of the mechanics; 2dly, of life assurance compa-

nies; 3dly, of annuity companies; and, 4thly, of the national savings banks. They propose, also, to accommodate their members with certain sums, by way of loan, on the security of their previous payments; so that the scheme cannot be said to be barren of projects, or good intentions; though there may be some doubt, we think, whether two or three of the objects may not be attained quite as well, and with greater certainty, through the long established and rich insurance companies, which offer the assured all the security of the present, (arising from the annual payments, with the addition of a large vested capital,) besides, we apprehend, the personal liability of the corporation. But all the funds of this new institution are specific, kept separate, and only applicable to the particular object which the contributor seeks to secure; while, therefore, one part of the project cannot strengthen the other, it is also incapable of weakening it. No very destructive epidemic might soon leave the life assurance part of the scheme utterly bankrupt, and certainly straiten not a little the friendly society; though we think the latter is a feasible and excellent method of securing aid in sickness, and competence when it is so often needed in the decline of a professional career. It cannot be doubted that this, next to the savings bank, the funds of which as we have already stated, are not applicable to either of the other intentions, is by far the most certain of success. Friendly societies, when founded upon correct principles, and properly conducted, are not often bankrupt; and if this be true of societies composed of mechanics, who are obnoxious to accidents, often suffering from famine and intoxication, and sure to make a claim whenever they can substantiate it by the certificate of a medical man, (which we are afraid is often too readily given;) much more will it be of a society composed of surgeons and physicians, who are neither so likely to suffer from any of the causes enumerated above, nor to make claims during illness. The idea of the association originated with Mr. Allison, a respectable surgeon at Leith who, about a year ago, published a pamphlet on the subject, which was very favourably received, and obtained for its author the concurrence of most of the professors and practitioners of eminence in Scotland.* Operations were commenced in the ensuing month of August, and are, we hear, proceeding favourably. Our space will not permit us to dwell upon the subject of Friendly Associations of this kind, but we think the plan might be followed up in England, without disparaging the dignity of the profession, whose members are not exempt from the dreadful ills of mortality—poverty, sickness, and insanity. We subjoin the following tables, the rates of sickness and mortality, from Mr. Allison's pamphlet, and the scale of assurance from a circular issued by the Society:—

"These tables, although deduced from rather limited inquiries, will at once show the nature of this alluring method, wholly miscalculating the means of future distributions:—

Rate of Sickness.

Age.	Sickness expressed in weeks and decimals of a week.	Weeks.	Days.	Hours.
Below 20 ..	0.3797 or	0	2	15
20 to 30 ..	0.5916 ..	0	4	3
30 .. 40 ..	0.6865 ..	0	4	19
40 .. 50 ..	1.0274 ..	1	0	4
50 .. 60 ..	1.8806 ..	1	6	3
60 .. 70 ..	5.6337 ..	5	4	10
Above 70 ..	16.5417† ..	16	3	19

"This is the average annual sickness of an individual in these several decades or periods of ten years, as experienced by societies on the whole; but when exhibited for each particular year of age, it is somewhat less in the first, and somewhat more in the concluding years of the decade. Thus, the average sickness in the 60th year of

* Observations on the Expediency of Instituting a Friendly Association of the Medical Profession throughout Scotland, for insuring a provision during sickness and old age, widows' annuities, endowments to children, &c. 8vo. pp. 36. Black, Edinburgh, and Longman, London. 1826.

† Highland Society's Report, p. 17.

age, is only 2 weeks 2 days; but in the 70th year it is 10 week 5 days."*

Rate of Mortality.

Between 20 and 30	1	dies out of	95	annually.
30 .. 40	1	.....	77	
40 .. 50	1	.....	40	
50 .. 60	1	.....	22	
60 .. 70	1	.....	10	
80 .. 90	1	.....	5	
Above 90	1	.....	2†	

"It is clear, therefore, from these tables, that, as the rates of sickness or of death depended upon the age, &c. of the individual member; so their entry-monies ought to have corresponded."

HEALTH ASSURANCE.

TABLE.—Showing the Rates, both in Single and Annual Payments, required for assuring £1 per week during Professional Incapacity, till 60; with an Annuity of £26 for life after 60, and £26 more, payable within Three Months after death.

Age.	Single Payment. £	s.	d.	Annual Payment till 60. £	s.	d.
21	48	17	3	2	16	4
22	50	11	0	2	18	10
23	52	6	9	3	1	7
24	54	4	6	3	4	6
25	56	7	5	3	7	10
26	58	12	6	3	11	5
27	61	0	4	3	15	3
28	63	10	3	3	19	6
29	66	2	11	4	4	0
30	68	17	0	4	8	10
31	71	15	5	4	14	1
32	74	17	6	4	19	11
33	77	19	6	5	5	11
34	81	3	8	5	12	4
35	84	10	7	5	19	4
36	88	2	3	6	7	0
37	91	16	2	6	15	4
38	95	15	6	7	4	8
39	100	0	5	7	14	10
40	105	0	6	8	7	0
41	110	5	4	9	0	3
42	115	16	0	9	15	4
43	121	12	8	10	12	1
44	127	4	1	11	9	10
45	133	1	5	12	10	2
46	139	8	9	13	13	5
47	146	0	9	14	19	9
48	153	1	1	16	10	6
49	160	8	8	18	6	6
50	168	3	7	20	9	2

* Remarks, &c. Oliver and Boyd, Edin. 1826. 1s. 6d.

† These rates are the average results, founded upon the Northampton, Carlisle, and Swedish Tables.—*Highland Society's Report.*

EXAMPLE.

A person of the age of 25, by the payment of £56. 7s. 5d. in one sum, or of £3. 7s. 10d. annually, till he attains the age of 60, will be entitled to the following benefits:—

1st,—£1 per week while he is incapacitated by sickness, or other personal disability, from following his profession, subject to the limitations specified in the annexed conditions.

2nd,—An Annuity of £26, to be entered upon when he attains the age of 60, and to be continued for life, payable half yearly down to the day of his death,

3d,—The sum of £26 to his heirs, or others, as he may direct, payable within *three* months after his death.

The same benefits may be assured at the age of 40, by a single payment of £105. 0s. 6d. or an annual payment till 60 of £8. 7s.

OBITUARY.

DR. ROBERT FREER, Professor of the Theory and Practice of Physic in the University of Glasgow, died last week, after a very short illness. This gentleman was one of the oldest members of the profession in Scotland, and although decidedly a most able and learned physician, was for many years incapable of keeping pace with the advancement of the science, from his bodily infirmities.

His chair is in the gift of the Crown, and the emoluments arising from it are, an honorarium of three guineas for each student, a house within the walls of the University, which, *ex officio*, the Professor of that chair is entitled to, with a sum from 200*l.* to 300*l.* a year.

The Duke of Montrose is Chancellor of the University, and has always been considered as the patron of the school.

Should an active intelligent man succeed Dr. Freer as Professor of Physic, the medical faculty of Glasgow will effectually rival that of the Edinburgh school. Thomson, Hooker, Burns, and Millar, may fairly challenge any four of the protegées of the Lord Provost and Town Council of the latter city.

LONDON MEDICAL SOCIETY.

Dr. Haslam, *President, in the Chair.*

The meeting of the Society on Monday last was numerously attended, and the discussion, on the interesting subject of the bony union of fractures of the neck of the thigh bone within the capsular ligament, resumed with considerable energy. The principal speakers on the occasion, were Messrs. Tyrrell, Amesbury, Langstaff, Bransby Cooper, Kingdon, and Callaway. The history of the case of the fractured neck of the femur, which gave rise to this lengthened debate, as communicated by Mr. Chorley of Leeds, through Mr. Amesbury, was read by the registrar. It exhibited, in a satisfactory manner, the nature of the accident, and the treatment employed:

Mr. Chorley's Case.

Mr. K., aged 72, in descending four steps from a neighbour's door, came suddenly on the pavement, and fell against the curb-stone, and was instantly so much hurt as to be unable to move from the place. Upon examination, the right knee and foot were found turned outward, and the whole limb appeared loose, as if it had lost its support from the upper joint. The patient was carefully removed to his bed-room. He was placed on the side opposite to the accident, and the leg and thigh were supported by pillows placed between the limbs, so as to support the leg and thigh, and gentle extension was made by placing a circular bandage immediately above the knee-joint, to which was attached a weight, so that it might act in a line parallel with the hip-joint. Soap plaster, a bandage and splints, were applied to press the fractured surfaces together. The patient was kept in bed three weeks in this position; when, from excoriation, it became necessary to alter the position. He was then placed upon the back, and the limb upon a double inclined plane. The dressings were occasionally tightened, as circumstances rendered necessary; and, at the end of six weeks, the inclined plane was removed, and the limb was laid in the straight position on a bolster. Soon after this he was carried daily to another room, and laid on a sofa; in a little while passive motion was allowed, the patient swinging the limb as he supported himself on crutches. The patient gradually regained the power of locomotion; and, at the expiration of seven months, walked so well, that the sceptical thought that no such injury as has been described, had taken place. This gentleman died twelve months after the accident, from inflammation of the lungs. On examining the hip-joint, it was observed that the synovial covering was united with the shortened neck of the bone, nearly at the head. Here Nature had also thrown out broad ligamentous bands, one on each side of the joint. These were firmly united to the head of the bone, and their breadth and extent may be distinctly traced on the head of the bone, by the brown appearances there observable. The subject of this accident was healthy.

In summing up the result of the discussions which have taken place, we may state that it was the decided conviction of the great majority of the Fellows of the Society, that the specimen sent by Mr. Chorley was a case of *bony union* of the *fractured neck of a femur*; and if no other example had been produced, it seems to show that there is no "law of Nature," as Mr. B. Cooper contended, against such union of a fracture of this part. We are bound to believe the evidence of our senses, and have to trace the frequent occurrence of non-union by bone, rather to the insufficiency of the means usually employed to obtain *apposition* and *rest*, than to any incapacity, or presumed "law" of Nature to accomplish such restoration. A thousand specimens of non-union by bone of such fractures, are not to be considered as any proof that such union is *impossible;* if they prove any thing, they prove the inadequacy of the means resorted to for securing such relative conditions of parts as are acknowledged to be essential for the bony union of fractures in general. At most, they furnish only a *negative* proof, in the absence of any more direct; but *a specimen of bony union* having been *once produced*, the former sort of evidence must be accounted as nothing. Bony union then is possible; it is difficult to accomplish; the means usually employed are insufficient; an apparatus has been recommended, which appears every way calculated to effect it; it is the duty of those who can, to use it.

The indocility of patients, and the inattention of practitioners, may frustrate the good expected from any mechanical contrivance; but we must do Mr. Amesbury the justice to say, that for simplicity, portability, and economy, his apparatus, although not differing in principle from the present modification of Mr. Earle's bed, is superior to any we have seen proposed. It should be in the possession of every public establishmen, and if possible, in the house of every surgeon.

The members of this Society have shown a becoming independent spirit throughout this inquiry; and they will do well *always* to bear in mind that they have not to regard the authority of great names, but the more weighty authority of facts.

ST. MARY ABCHURCH,

Lombard-street.

At a Vestry Meeting recently held to dispose of parish business, a question of some importance, as regards the medical profession, came under discussion; it was, whether surgeons have a right to recover from the parish for attendance on paupers in case of sudden illness or serious accidents, without an order from the churchwardens.

After the routine business had been disposed of, Mr. Gorton, the senior churchwarden, begged to call the attention of the Vestry to a bill which had been sent to him from Mr. Rees Price, a surgeon, amounting to 8*l.* 14*s.* for medical attendance on paupers. He had resisted this demand, on the ground that no orders from himself or his colleague had been given to Mr. Price for such attendance. As he saw Mr. Price was in the room, he was desirous of having the matter arranged.

Mr. Price was willing to settle the matter only by a recognition of his claim.

Mr. Woodward, the Deputy Churchwarden, conceived Mr. Price had no claim. Besides, to one family which had been attended by Mr. Price, and charged for, a sufficient sum of money had been given to pay for medical aid and other necessaries. In the course of a fortnight, the family just alluded to had received from the parish no less a sum than 25*s.*

The Chairman (the Rev. Dr. Bellamy) supported the churchwardens, and said, if Mr. Price had no other circumstance to mention in support of his claim, he should terminate the discussion immediately. He did not believe the parish had any right to pay the bill.

Mr. Price was surprised at the line of argument pursued by the reverend and learned Chairman. It went to this, that in case of sudden illness, &c. among the poor, they were not to be assisted until an order had been obtained from the churchwarden, who might be enjoying himself at his country house. The family just alluded to had been severely afflicted with the small pox, and for five or six days had been kept without relief from the parish, because they were not parishioners. The *woman and one child* had died under the disease, and, had it not been for the humane interference of some of the neighbours, who obtained medical aid, &c., the whole family must have perished. An order from the Lord Mayor had ultimately compelled the parish to afford relief, and the officers had doled out the large sum above stated, which, he contended, was not sufficient to pay for medical attendance alone in the time specified. He considered the transaction a reflection on the parish, and, after what had fallen from the reverend Chairman, he should take the decision of a court of law on his claim.

After some further conversation, the meeting abruptly separated, Mr. Deputy Williams conceiving that the discussion ought not to have been entertained.

To the Editor of THE LANCET.

SIR,—Among the various abuses which have from time to time crept into the Medical School of this University, there is one, and it is no inconsiderable grievance, dependant, perhaps, upon the *narcotising* influence which the Chair has so generally possessed; I allude to the unnecessary and unwarrantable repetition of two lectures daily by several of the Professors, towards the close of each session.

I have always thought it an advantageous feature in the London schools, that the different subjects of professional knowledge are compressed into courses of at most three months daily, while the majority do not occupy more than three hours a week during that period; and I am persuaded, that unless anatomy be an exception, the subjects must gain rather than lose by the compression. However this may be, as it is a matter of opinion, I leave it for wiser heads to decide, and will merely observe, that the student, upon his arrival at this abode of science, if he has been accustomed to the conciseness of a London course, will find himself disappointed and disgusted with the tedious verbosity, the eternal repetition, and the endless recapitulations by which many of the courses are spun out to their legitimate term of six months, and made "to draw their slow length along" to the close of the session.

This being the case, Mr. Editor, and whilst some of the profession, during the earlier part of the course, are engaged in lecturing upon every subject in science, except the one connected with their own department, you will be astonished to learn, that for the last two months of the session, Dr. Duncan jun., Dr. Home, and Dr. Munro, are obliged to deliver two lectures daily instead of one, in order to complete the course in the limited period.

Now, Mr. Editor, this is rather too bad. At this period of the session the time of a great number of students is rendered particularly valuable by many weighty and awful considerations; and with the fear of the College continually before their eyes, every hour is probably engaged, or ought to be. But independently of this consideration, and setting aside the total want of necessity for such a repetition, the majority of students

are attending other classes in the University, or those of private lecturers, at the same hours, classes of equal, in some cases of greater importance; and under these circumstances, however desirous the student may be of attending both, he can only say, with Macbeath,

"How happy should I be with either,
Were t' other dear charmer away;"

and if not of a very studious turn, he will be likely to conclude,

"But since you both tease me together,
To neither a word will I say."

In the hope that you will give the above a place in your valuable and widely extended journal, I have ventured to lay it before your notice; and should it, through your medium, be made known to the Royal Commissioners, they may perhaps be able, in their wisdom, to suggest some plan for the more effectual condensation of intellect, and perchance contrive

"To curdle a long *dream* into an hour."

I remain, Sir,
Very respectfully yours,
A Student.

Edinburgh, April 10.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

SINGULAR AFFECTION OF THE SPINE, CONSEQUENT UPON INJURY.

Harriet Cornix, 17 years of age, of dark complexion and healthy appearance, was admitted into Mary's Ward on the 14th of March, under the care of Mr. Morgan.

The account which the patient gave of her case, when admitted, was as follows:—About six months previously she was in the act of getting down from a stage coach, when in consequence of her foot slipping, she was precipitated on the pavement, falling upon her left side with great force, and striking her head at the same time. During the time she was falling she felt something "push her neck aside;" but having received a blow on the head, she was so much stunned as to remain insensible upwards of half an hour. When sensation returned, she found that her head was bent towards the left side, and permanently fixed in that situation, any attempt at motion occasioning great pain. The vision of both eyes was at this time defective, and that of the left eye continued dull for several hours; the power of vision in the right gradually, but more speedily returned. A surgeon was called in shortly after the accident, who continued his attendance for a few days, and prescribed the application of leeches on the sides and back part of the neck. In the course of ten days the patient, according to her own account, was free from any unpleasant symptom, with the exception of the head remaining fixed towards the left side. This fixed condition of the head remained, and shortly after she began to experience a tingling pain about the neck and left arm, and on attempting to stoop, she felt a pain, which, according to her description, darted down the spine and across the loins. She applied to Mr. Stanley about a month or six weeks after the occurrence of the accident; this gentleman gave her the *consolatory* advice, that the head was permanently fixed, and that nothing could be done in her case. Subsequently she went to the Westminster Hospital, and here Mr. White attempted forcibly to move the head, which occasioned great pain, and during the time of the attempt her vision became dim; Mr. White desisted at the suggestion of Mr. Lynn. The only means had recourse to was the application of leeches. She was induced to apply to Dr. Whiting at the Surrey Dispensary, in the beginning of the month of February, in consequence of an increase of pain in the spine, with spasmodic affection of the muscles on the left side of the body, but more especially of the face. The means employed by Dr. Whiting consisted in the application of leeches, belladonna plasters and blisters to the spine, with the exhibition of purgatives.

Such we believe is a correct statement of the patient's case previous to her admission under the care of Mr. Morgan, which, as stated above, took place on the 14th of March, and, upon visiting her the following day, we found the following symptoms:—the head bent towards the left side, and firmly fixed in that position; on attempting to move it, she complained greatly of pain, and exclaimed emphatically that she felt as if her heart was being torn up from her side; on raising the left arm, she also experienced much pain. She had, during every two or three minutes, (but sometimes occurring even more frequently,) shudderings or agitations of the whole frame, as though she had received an electric shock; the muscles about the lower jaw and left side of the face being at the same time affected with spasmodic twitchings, so as to draw the face on one side, and produce momentary distortion of features. Although it seemed that the whole frame was agitated during the convulsive paroxysms (if so we may term them) yet on closer examination it became apparent that the muscles of the left side of the

body only, were spasmodically affected. Pressure upon any of the spinous processes of the cervical vertebræ, and also of the upper dorsal, produced the twitchings of the muscles, and a violent darting pain passing rapidly through the body; this, however, she said was occasionally experienced when no pressure was made.

On accurately tracing the spinous processes, we could not discover any displacement; this was the opinion also of Mr. Morgan. There was evidently lateral curvature of the spine, throughout the cervical vertebræ, the head inclining to the left side, and consequently the convexity of the curve being on the right side; but it appeared to be the gradually formed curvature produced by the irregular action of the muscles on one side of the spine, not that resulting from displaced bone, either in consequence of disease or accident.

The patient said that her general health was good, the bowels regular, and catamenia appearing at the usual periods.

The plan of treatment prescribed by Mr. Morgan, on the day of admission, was as follows:—Cupping on the back of the neck to the amount of twelve ounces; an issue to be made on each side of the lower cervical vertebræ; half a drachm of the carbonate of iron to be taken three times a day.

The issues were made by means of the moxa, which we believe was not intended; they were, however, (by the way) very inefficiently made. The subsequent treatment adopted in this case to the 14th of April, the period at which the close of this report was written, has consisted in the exhibition of half an ounce of the decoction of aloes, with *two drachms* of the compound spirit of ammonia, and peppermint-water, three times a day; the dose of the decoction afterwards reduced to two drachms. A purgative powder composed of scammony and calomel exhibited every second night, and a moxa *well applied* over the spinous processes of the lower cervical vertebræ. The carbonate of iron was omitted in the course of a few days.

These measures failed in affording relief, the patient on the 14th of April being much in the same condition as when admitted; she remarked, however, that the paroxysms were less frequent, but more severe. We shall take care to mark the sequel of this very interesting case; we have reported it in its present stage, in order that many of our readers may have an opportunity of seeing the patient. There have been various surmises respecting the nature of the affection, amongst others it is the opinion that there is 'partial dislocation of the cervical vertebræ, conjoined with fracture, to which is referred the fixed state of the head. And the irregular train of nervous symptoms is attributed to the compression of the spinal marrow, consequent upon the displacement. We have already remarked, that there is no perceptible irregularity of the spinous processes of the cervical vertebræ. Mr. Morgan does not at all incline to the opinion mentioned above, although he confesses himself unable to determine on what pathological condition the disease depends.

(The sister of Mary's Ward, who is a very intelligent old woman, and said to be engaged in furnishing "authenticated reports" to the *Medico-Fudgico*, remarks that the foregoing is a case of *Chorea*.)

Case 2.—The following fatal case of disease of the spine, which has lately occurred in the practice of Mr. Morgan, may be briefly related here. It is greatly to be regretted that the body was not allowed to be examined; a knowledge of the actual condition of the spinal marrow under such circumstances, was indeed a highly important desideratum.

T. Y. 22 years of age, of sickly appearance, admitted on the 21st of February, stated that twelvemonths previously he fell out of a cart, but did not appear to be much hurt, as he was able to walk home; he afterwards went about his ordinary employment, which he continued for six weeks after the accident. During this time, however, he felt occasionally violent pain in the back, with a sense of weakness, which symptoms increased so much that he was shortly compelled to keep his bed. He had recourse to medical advice, and was bled and blistered with some relief, but was afterwards worse, and had what he described as convulsions in his lower limbs, and he found that they became deficient in power. He went to the Sea Bathing Infirmary at Margate, and remained there upwards of two months. When admitted, the power of volition and of sensation was entirely gone in both legs, below the knee, and in the thighs was exceedingly feeble. He said that he could perform flexion and extension in an imperfect degree, a short time previously to his admission. He complained of constant gnawing pain in the back, which hindered him from sleeping; and on examining the spinous processes, there was evidently slight posterior projection at the lower dorsal vertebræ, but there was no particular tenderness on pressure. The man said, that when the bowels were much relaxed, his fæces passed involuntarily, and that his urine constantly flowed away unrestrained.

Mr. Morgan directed a blister to be applied to the spine, and to be dressed with savine ointment; cupping, in the first in-

stance, to the amount of twelve ounces; saline purgatives occasionally, with the observance of the recumbent posture.

The man's general health began to fail soon after his admission, and he became gradually more feeble; extensive sloughs formed on the nates; and after considerable suffering the poor fellow died. This event occurred about seven weeks subsequent to his admission.

ST. THOMAS'S HOSPITAL.

PAINFUL AFFECTION OF THE SPINE, SUCCESSFULLY TREATED BY THE EXHIBITION OF LARGE DOSES OF LAUDANUM.

The subjoined is a singular and interesting case of affection of the spinal marrow or its envelopes. We do not remember to have met with the description of such a disease, in any work treating of the pathology of the spine:—

Mary Peck, 45 years of age, of florid complexion, admitted into Ann's Ward on the 15th of March, under the care of Dr. Elliotson.

She describes herself as suffering violent paroxysms of pain along the cervical and dorsal vertebræ, but more especially at the lower dorsæ. The pain occurs so violently and suddenly, as frequently to occasion her to fall down; and during its continuance, she has catchings of the extremities, muscular jerkings, violent pain at the back of the head, with dimness of vision. The whole course of the spine, along the cervical and dorsal vertebræ, is so morbidly sensitive, that the paroxysms of pain are produced by the slightest pressure. She cannot even bear the contact of her stays, and stooping forward induces pain, which is so acute as to occasion her to scream and cry.

When free from the paroxysms of pain, her legs and arms often tingle, and have a benumbed feel, together with a dull aching. Occasionally she has severe pain in the scapulæ; in attempting to walk, she drags her legs, and the ancles appear to be weak; she has some strangury, and the bowels are much constipated.

With respect to the previous history of the case, we have to acknowledge ourselves indebted to the kindness of Mr. Beaman, an intelligent practitioner residing in Covent Garden, under whose care the patient had been for some time before her admission into the Hospital. Mr. Beaman states, that he has occasionally attended the patient, Mary Peck, for some months past: on the first occasion, for sore throat, with pains in the limbs, which were removed by an alterative mercurial course, with sarsaparilla. About three weeks prior to her admission into St. Thomas's, she consulted Mr. B., on account of the violent pain felt in the spine. He imagined this to be dependent upon inflammation of the theca vertebralis, and therefore had recourse to the application of leeches, with counter-irritation, and the free exhibition of purgatives, giving occasionally, when the pain was very severe, moderate doses of Prussic acid, with a full dose of a *quack* preparation, called *Battley's sedative liquor*. The pain, at this time, recurred in paroxysms, which were always most severe in the evening, and sometimes of an hour's duration. The leeches, at first, greatly relieved the complaint; and Mr. Beaman remarked, that the patient certainly became much worse after relinquishing all medical means, which was the case a few days before she came to the Hospital.

The treatment pursued by Dr. Elliotson, consisted, in the first instance, of the application of the tartar emetic ointment, along the side of the spine; in consequence however of the excessive tenderness, the application was very inefficiently used.

On the 20th of March, the symptoms were not at all relieved; Dr. Elliotson directed *forty minims of laudanum* to be taken at bed-time.

24. The dose of laudanum increased to *fifty minims*.

31. Symptoms very little relieved. Ordered to take a *drachm of laudanum three times a-day*.

April 2. The fits of pain come on three or four times a-day, but they are not half so long as at first; there is much less tenderness evinced on pressure. The ointment has produced a full crop of pustules. Continue the laudanum.

5. Much better—has not screamed or cried for several days past; she complained of so much drowsiness, with head-ache and vomiting on the 3d, when visited by Dr. Elliotson, that he diminished the dose of laudanum *to half a drachm*.

8. Free from pain—head-ache and vomiting ceased. Omit the laudanum.

11. Quite well—dismissed from the Hospital as cured.

HARD TUMOUR SITUATED ON THE RIBS, CURED BY REPEATED BLISTERS AND THE EXHIBITION OF ALTERATIVE MEDICINE.

Charles Burk, a healthy looking Irishman, 23 years of age, was admitted into William's Ward, on the 22d of February, under the care of Mr. Tyrrell. The patient had a tumour on the right side of the chest, of an oblong form, which commenced from the side of the sternum at its centre, and passed as

far outwards as the nipple; measuring about four inches in this direction, and two inches in breadth. It was very hard to the touch, somewhat irregular on its surface, and fixed; it led to the impression on examination that it was a bony or cartilaginous tumour. The man stated that the swelling was of three months standing, that it had gradually formed, and that he had felt occasionally a dull aching in the part, but never any severe pain. It was not sensitive to the touch. Various means had been adopted by Dr. Roe at the Surrey Dispensary, but with little or no benefit.

Mr. Tyrrell ordered a blister to be applied to the whole surface of the tumour, and a grain of calomel, with half a grain of opium, to be taken night and morning. Four ounces of the decoction of sarsaparilla, three times a day.

On the 7th of March, the swelling was materially lessened; as the blister was now healed, Mr. Tyrrell directed another to be applied. The medicine to be continued. From this period, the tumour gradually, but rapidly diminished, and on the 28th of March the patient left the Hospital, quite well.

BARTHOLOMEW'S HOSPITAL.

CARCINOMATOUS CUTANEOUS TUMOUR OF THE LIP.

George Marden, æt. 64, two months before admission cut a very small pimple on the upper lip, in shaving, which bled much. From that time it continued gradually to enlarge, until it reached its present size, that of a walnut. The tumour is firm, but moveable on the subjacent parts, having a cuticular appearance on the circumference, and a fibrous irregular surface (like a wart) in the centre, the latter being covered by a thin incrusted discharge. None of the absorbent glands being affected, Mr. Lawrance removed it by an elliptical incision, dissecting it off the labial muscles. The cellular tissue, connecting it with the surrounding parts, being perfectly healthy. Upon section of the tumour, the skin presented a tumefied and hardened surface, similar to that of carcinoma. Sutures were employed to approximate the lips of the incision; but as under their use a scabby appearance was kept up, a poultice was applied; the wound granulated, leaving no deformity in the lip.

CASE OF CONCUSSION OF THE BRAIN.

John Lawrence, ætat. 22, was brought to this Hospital on the 10th of March last, having fallen from a height of twenty-one feet, at a French brandy merchant's in Smithfield Bars. We learned that when admitted he appeared totally insensible; and, from the treatment immediately instituted, should presume reaction had taken place. Sixteen ounces of blood were abstracted from the arm, and a dose of calomel and jalap administered; the head was shaved, and evaporation kept up from the surface, by constant application of cold cloths.

11. When we saw the patient this morning, he appeared as if in a state of wandering drunken delirium; his pulse was excited, and his countenance flushed; there was a contusion on the right temple, defined by an edge hard and irregular, somewhat like that of a broken bone; it was judged by many to be fracture with depression. Mr. Lawrence regarded it as an effusion of blood beneath the scalp, which, according to Mr. Abernethy, has been mistaken by many able surgeons, (confiding too much to their sense of touch,) for fracture with depression. Twenty-four ounces of blood taken from the arm; the calomel and jalap repeated, and an ounce and a half of saline mixture every six hours.

12. Not so incoherent as yesterday; left pupil contracted, the right dilated, and insensible to the stimulus of light; pulse full and strong; venesection to ℥xvi.; repeat the calomel and jalap, and continue the saline medicine.

13. When roused, complains of pain in the head; pulse somewhat diminished, both in fulness and frequency; bowels not yet fully evacuated; one drop of the oil of croton to be made into a pill with bread, and exhibited immediately; a similar dose to be repeated every six hours, if necessary.

14. Something better; two pills were given yesterday, which have had the effect of well clearing out his bowels; to resume the saline medicine.

15. Complains of pain in the loins, which appear to have suffered from the fall; a soap and opium plaster applied over the part.

17. Apparently going on well; says he has lost the sight of his right eye. When the opposite eye is darkened, he is incapable of discerning objects held before him; his sight was perfect before the accident.

On the 22d there was a slight recurrence of inflammatory action; he was seen by the House Surgeon; twelve ounces of blood were abstracted from the arm.

23. To-day he was seen by Mr. Lawrence; the pulse was quick, the bowels lax, and tongue moderately clean; he complained of pain in the head. Ordered a blister to nape of neck; the dresser, Mr. Week, observed to Mr. Lawrence, that there was paralysis of the levator palpebræ superioris.

25. Better to-day; the arterial system continues in a quiet state; the secretions from the bowels have a tolerably healthy appearance; the pain in the head, though mitigated, is still sufficient to attract his attention; the blister to be repeated.

27. Head free from pain; he is gradually recovering the functions of the right eye; house medicine to be taken occasionally.

31. Going on well; the absorbents are removing the effused blood beneath the scalp, so as clearly to demonstrate the correctness of Mr. Lawrence's opinion. The functions of the nervous system appear perfectly restored; as a consequence of the combined effects of the depleting system, and the shock attendant on the fall, the patient is weak and debilitated; he will continue in the Hospital for some time, to guard against a possible relapse.

LOOSE CARTILAGE IN THE KNEE-JOINT.

This case has been previously mentioned in THE LANCET, (Feb. 3d) but merely as to the operation performed by Mr. Lawrence. We now proceed to give it entire, as transcribed from our note book.

Thomas Scarborough, aged 33, was admitted into this Hospital, under the care of Mr. Lawrence, on the 6th of January last. He stated that three years ago, whilst descending a stair, he was suddenly seized with severe pain in the knee-joint, and inability to bear on the limb, and was obliged to be carried to bed. Since then he had been frequently similarly attacked, being obliged to sit down for some time, until the loose body in the joint changed position, which enabled him to use the limb freely, and without pain. About a year ago, he applied to a surgeon, who recommended a bandage; he had worn it until lately with much benefit; but still being subject to the same attacks, he applied at the Hospital for admission. He had had a hernia for the last six or eight years, and several attacks of bowel complaints during this period; in fact, he had been in indifferent health for several years. He had now rather a sallow and unhealthy look, with a whitish tongue.—Having previously taken several doses of aperient medicine, the operation (as formerly reported) was performed on the 13th, by fixing the cartilage on the outer condyle of the femur, and removing it, by an oblique incision about an inch long, the wound being closed by adhesive straps, and the joint covered by a cold cloth: all motion was prevented by a splint secured on the posterior part of the leg and thigh. The body, of the size and appearance of a large French bean, was composed of dense cartilage throughout, excepting the centre, which was partially osseous.

17. The wound has united without the slightest heat or swelling of the joint; towards evening, however, without any assignable reason, bleeding occurred, the joint became distended by coagulum, which soon destroyed the recent union. Cold applications and purgatives were employed; the bleeding, though not copious, did not stop till next morning. The yellow tint of the skin, which had been noticed on his admission, had now become much more conspicuous, the conjunctiva being palpably yellow.

25. Since the last report, there had been a slight discharge of thin fluid, sometimes tinged with a little blood. There was no febrile excitement or pain in the joint, the wound discharged freely and looked well.

26. Had passed a restless night; appeared better in the morning; but during the day the joint became very painful, and evidently swelled. On the inflamed edges of the wound being pressed, a quantity of purulent fluid mixed with synovia flowed out. The skin was hot, tongue white, with a brown streak in the middle; thirst, no appetite, and constipated bowels. Ordered 20 leeches to the joint, a dose of calomel and jalap statim, and saline mixture every six hours.

29. He remained in the same state till towards evening, when the febrile symptoms being much increased, he was bled to 14 ounces; the blood being highly buffed and cupped.

30. As the symptoms continued, he was again bled to ℥xx. with great relief, the blood exhibiting the same appearances as yesterday.

Feb. 1. Had passed a much better night, and felt easier this morning. The joint continued swelled and inflamed, discharging a quantity of pus. Ordered 20 leeches to the joint.

2. Slept very little; restless, and at times delirious, frequently endeavouring during the night to get out of bed. The secretions passed involuntarily.

5. Since the last report he has been rapidly sinking; the face is of a pale and yellow tint; the eyes sunk; the pulse feeble, and respiration frequent. Paralysis of the right side, particularly of the right arm, was now remarked. He expired on the 7th.

Dissection twelve hours after death.

There was an abscess on the outside of the knee, containing about two ounces of healthy pus, and communicating with the joint, in which there was a moderate quantity of a like fluid. On one side of the wound the skin was partially separated from the subjacent parts by a cavity, like an abscess. The synovial membrane was thickened, vascular, and in some places of a dark colour. A small portion of the anterior and superior part of the tibia was bared; the

look for the cut arteries, you wash away the blood; you sponge the part from which the stream proceeded, and not a drop of blood more is seen to flow; you may see the artery, but with its mouth closed, it's a perfect chord. You may twitch the end of an artery that has been thus closed, until you open it again, and then the blood will flow once more.

I have cut through the ulnar and radial arteries to get blood from them, and found that they were perfectly solid. But Bichat himself allows the greatest degree of contractility to the minute arteries. To the extremities of all the minute arteries, the greatest possible irritability is admitted by all. Now I say, how strange is this! Where is it to begin? Is it not more rational to suppose, that all arteries are endowed with a contractile power, and that that power increases in proportion as the artery recedes from the heart? I can only say, that such were the opinions of Mr. Hunter, and they appear to me to be the most rational.

Now, then, for the *elastic coat* of the artery; this, which we strip off. They speak of it as a condensed substance. What it is, I don't know. I have heard some say, it is more like the *ligamentum nuchæ* than any thing else; but it is certainly very elastic, affording just that resistance to the power of the heart, which is necessary for that part. If it had not this quality, there would be such a percussion on the heart, that vitality would be destroyed. And it was left to the *Argus-eyed* Mr. John Hunter to observe, that where the most elastic power was wanted, there you find it; that there was more elastic power on the convex, than on the concave side of an artery.

Well, but as arteries become minute, they gradually lose their elastic coat, till at last they have none at all; and where there is a contrivance to break the propelling force of the blood, they lose it altogether; as, for instance, in the brain, there is no elastic coat to be found in the arteries there; there is such a winding of the arteries through bony channels, as that the force of the blood must be broken before it [illegible] to the brain, so that no elastic coat is required. Now these are things worthy of your attention.

Distribution of Arteries.—The next thing I have to observe upon is, the distribution of arteries throughout the body. If an artery sends off a branch, it is generally sent off at a *half right angle*. Some say, that some branches of arteries go off at *right angles*; I don't believe it, but you may, if you like. (Laughter.) But then they say, this is where peculiar secretion is wanted, such as in the *renal* arteries. O, it's not worth making a puzzle about this; the belief was that arteries would receive the propelling force of the heart most, in proportion as they ran parallel to the trunk. That's the physiological belief, and it seems to me to be very well founded.

Then the angles of the extreme vessels are perhaps more various; but I don't think there's much to be said on this subject.

Then another thing, it was formerly taught that arteries were *conical tubes*, from observing the state of the artery when it was taken out. Now if the blood was thrown into a conical tube, I apprehend there would be a continual stoppage presented to it. Haller says, that if you examine the area of the minute arteries, you will find it to be larger in proportion than that of the aorta. He comes to this conclusion at last, that the area of the branches of the minute arteries, are *one-third* larger than that of the large ones. You know that Mr. Hunter examined the *carotid*, and other arteries, upon this subject; and he found, that out of several small arteries, the area was larger as it receded from the heart. It is rational to believe this, and therefore I try to enforce it.

Now no arteries are perfectly straight; they are all zig-zag in some degree. But there are arteries excessively tortuous, such as the *splenic* artery. And what physiological notion are you to form from this? Will this not prevent the extreme force of the blood? O yes; and we believe that the turnings and windings of arteries tend to impede the velocity of the blood. I shall ever believe it as long as I live; you may believe it or not, just as you like; but you see I keep to the old physiology.

Then we come to this, that in observing the branches of arteries, we have presented to our minds what we see taking place in *trees*, the division and subdivision of the branches from the trunk. But here is a circumstance in which the *simile* does not hold good, namely, that the branches of the arteries coalese; that two branches will join, will have their mouths communicate with each other, and become one conjoined tube. I mention that, for the sake of explaining the name that is given to this; if you take the Greek word, it is called the *anastomosing*, or *inosculation* of arteries. Now what will the effect of this be? Why I say, that when two arteries join in this way, it must tend greatly to impede the force of the blood. There is a current of blood flowing in each, and when they come dashing against each other, they must mutually retard the force; and this I take to be a fair reason why we so seldom meet with anastamoses in the larger arteries; but we have plenty of them in the smaller ones.

You know it is very well understood now that diseases occur in those inosculations.—Now what's the good of the communications? O, that's evident; if one artery did

not communicate with another, whenever a trunk were cut off, all the parts to which the branches were distributed would want nourishment. Well, then, you must be aware that the same end is answered by numerous communications that would be answered by one. In the case of the brachial artery being tied, though there are but few vessels as principal channels by which the blood can be circulated to the different parts, yet there are myriads through which it can be sent, and the blood does pass from above to below with a surprising speed.—Now these things happen only rarely in the large, but constantly in the small arteries; and the more subtile the injection that is thrown into the small arteries is, the greater number of anastomoses appear. And those anastomoses among the minute vessels seem to retard the flow of the blood, and such retardation was, in all probability, requisite for those changes to take place in the fluid which fits it for the secretion and nourishment of the body.

But how do arteries ultimately end?—Ultimately they end in veins. An artery becomes reflected to the heart, and becomes a vein. This is seen by the microscope; nay, it may be seen by injections. But I don't believe that, till of late years, people were acquainted with the *size* of the arteries that terminate in veins. I take what I now show you to be the first preparation that was made of this kind; I never heard of such an one in this town, and it has been made, I should think, about 50 years. The arteries were injected with wax, and the wax is returned by the veins, and it shows the large arteries that receive the wax returning and becoming veins. Now every one knows that this can be done. I remember that Mr. Liston, of Edinburgh, thought it could be done, and I wanted him to make a preparation of the kind, but he did not do it. We have had the veins injected in this place, but the extremities were *fat*, and gentlemen did not take pains to make preparations of them. People have got *lazy* since I was young. (Laughter.) However, it can be done. Well, then, how do arteries ultimately terminate? In veins, to be sure. You may prove this by quicksilver: throw quicksilver into the arteries, and the whole will return by the veins; so that there is, in reality, to speak in a speculating sort of way, something like a descending series of vessels. But if this were the whole, to what good would the circulation be carried on? There must be some other termination; and so there is, for a fine artery goes off from the part where the vessel is reflected, and terminates by an open mouth; this produces something from the circulating blood, and it is called the *secerning* artery. Can you see those secerning arteries? No. What makes you believe there are those arteries then? Why, when you inject arteries, you see something oozing out from the parts, which you conclude to be the secerning arteries. It is by analogy that you draw this conclusion. How can the parts lay down the atoms that fill up the body, but by open mouths? It is from analogy we say that every artery terminates in a venous extremity, and in a secerning extremity ultimately. But in glandular parts you do see the secerning extremities.—Books have been written upon the subject, and therefore I need not dwell upon it. O, be assured of this, that the great mass of blood is speedily circulated; that it is driven from the heart with great velocity, and returns by the veins. It is but a small portion of the current that goes into those parts which are calculated for secretion and nutrition.

Structure of Veins.—Now I come to the veins; and what 's the structure of veins? Internally, *membranous tubes*, surrounded with other substance; a very thin membrane it seems to be. You have *no pellicle* here. Thin as the membrane is, however, it is stronger than the internal coat of the artery. Mr. Hunter found that a greater force was necessary to burst the internal coat of the *vena cava* than that of the *aorta*. It is elastic in as great a degree as that of the artery. You might stretch a vein as far as you would stretch an artery, and it would recoil again, but it would require a smaller power to stretch a vein to its utmost than to stretch an artery to its utmost. Well, the question is, whether they are *muscular*? O, they have a muscularity, no doubt, suited to their functions; this is a point I have before spoken of. It's absurd for us to suppose that this power of vital contraction operates in the same manner in *all* parts; it is a power suited to the different functions of the different parts. Then what do the veins do? They congregate together and form tubes, and all the tubes eventually collect into the *vene cave*. What is the consequence? That if the blood is to go through narrower and narrower channels, it must go with increased velocity. With respect to this, I might say, that if you were to open a small vein the blood would flow slowly from it, and soon coagulate; but you know how it springs from the arm; and then that it gushes from the vein near to the heart with as much celerity as it does from an artery. There 's always plenty of room in the veins; the veins are not filled with blood; there 's room for the blood to return by the *deep-seated* veins, or by the *superficial* veins. The superficial veins have *valves* to prevent the reflux of the blood. The blood is thrown out from the heart, passes rapidly through the large vessels, tardily through

cartilages of the joint were unchanged. The viscera of the thorax were perfectly healthy. Several small yellowish elevated spots, were observed on the convex surface of the liver, which was connected to the diaphragm by slight recent adhesions. On cutting through them, a thin purulent fluid escaped, leaving a yellow fibrous substance, very much like the flakes of a scrofulous abscess; they were generally about the size of a hazel nut. The whole liver, particularly the thickest portion, was thickly studded with the same kind of abscesses, of which nearly thirty were counted on the surface of one section; the other abdominal viscera were apparently healthy. The portion of the arachnoid membrane covering the hemispheres, was partially elevated by serous fluid effused into the cellular texture of the pia mater; this was particularly apparent over the posterior lobes. An abscess about the size of a bean was found at the side of one of the posterior convolutions of the left side, containing a small quantity of healthy pus.

Mr. Vincent drew off the water of an hydrocele, and removed enlarged nymphæ. There was nothing remarkable, or worthy of mention, in the operation, except that Mr. Vincent appeared perfectly *at home* among these *foreign* parts, even without the assistance of his usual *hymeneal* torch—alias a farthing candle.

On Saturday last Mr. Vincent excised a cancerous portion of a patient's lip. Mr. Lawrence removed an enlarged tonsil.

WORKS RECEIVED FOR REVIEW.

1. Observations on the Impropriety of Men being employed in the business of Midwifery. 8vo. pp. 56. Hunt and Clark, London. 1827.

2. Medical Botany, (No. 4.) or Illustrations and Descriptions of the Medicinal Plants of the London, Edinburgh, and Dublin Pharmacopœias, with those lately introduced into Medical Practice. By John Stephenson, M. D., and James Morss Churchill, Esq. April, 1827. Churchill, Leicester Square.

3. The first report of the Hospital of Surgery, Panton Square, St. James's; to February, 1827.

4. The Anatomy of Drunkenness. By Robert Macaish, Member of the Glasgow Medical Society. 8vo. pp. 56. W. R. M'Phun. Glasgow. 1827.

Mr. Quain is preparing for the press a new edition of Martinet's Pathology, and a translation, with notes, of a Manual of General Anatomy, by Bayle and Hussard. To be published by Simpkin and Marshall.

In our opinion Mr. Quain will render the profession an essential service by the publication of Bayle's Manual of General Anatomy. The want of a book of this kind has long been felt.

TO CORRESPONDENTS.

Communications with the following signatures have been received:—Mentor—An Old Friend—Syntax—A Dresser of St. George's—Y. M. M.—An Old Pupil of the Royal Westminster Infirmary.—E. B.R.—A. Reformer.

We recommend W.L. of Cheltenham, to read the following works:—Fyfe's Anatomy, the last volume of which treats briefly of Zootomy; Clutterbuck's and Armstrong's Medical Lectures; Cooper's Dictionary, and First Lines; Martinet's Pathology, by Quain; nearly in the order in which they are here enumerated. He had better then consult Young's Medical Literature; Lawrence's Lectures; Blumenbach or Magendie on Physiology; Bell on the Nerves; Henry's Elements of Chemistry; Duncan or Thomson on Materia Medica and Pharmacy.

We agree with our French Correspondent, who signs himself, "Un de vos Lecteurs," that the quackery of which he complains, "est la chose la plus ridicule du monde."

We are sorry it is not in our power to adopt the suggestion of Mr. Hardy.

Many of the wishes of a Navy Surgeon shall be complied with, but it is impossible to supply *coloured* engravings.

A. B. C. is informed that the drawings of Dr. Penneck's Catheter and Guide would have been published several weeks back if the instrument had not been mislaid. It is now in the hands of the engraver.

Thanks to a Country Heretic. He is no Jew, evidently.

ERRATA.

In the last Number, page 55, for "maxim of the French," read "*maxim of the Porch.*"

Page 58, last line of the first column, for "in," read "*into.*"